CERTIFICATE OF DEATH

Reg. Dist. No. 24

64	136	CERTIFICAT	CE OF DEAT	H Reg. Dist. No	24
1. PLACE OF DEA	TH.	MARYLAND	2. USUAL RESIDENCE (I	HOME) OF DECEASED.	Frederick
CITY (If outside OR give pear TOWN Syk	e corporate Emits, write RUR est town SVILLE	2 y 8 m 18 d	CITY (If outside corpor OR TOWN Freder STREET	ate limita, write RURAL and giv	
/ STREET ADDR			ADDRESS		1
3. NAME OF DECEASED (Type or Print)	Dorothy Dorothy	Viola B	exter (Last)	4- DATE (Month) OF 7	(Day) - (Year) 9 - 1955
5. SEX F	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIGOWED	8. DATE OF BIRTH 10 - 15 -87	67 yrs. Months.	1 year If under 24 hrs Days Hours Min.
done during most o		10b. Kind of Business on Industry	Maryland 14. MOTHER'S MAIDEN		COUNTRY?
is. FATHER'S NA	Frank Krise		Mary Willhir		
15. Was Deceased (Yes, no, or anknown	EVER IN U.S. ARMED FORCES n) (If year, give war or dates of gervice)	16. SOCIAL SECURITY NO.	Hospital Reco		
422.1	conditions directly ate cause (a).Di	18. MEDICAL CE LEADING TO DEATH			Interval Between Onset and Deate
Diseases	lent cause(s) or conditions, if any, e to the above cause e underlying cause last	teriosclerotic ca	rdiovascular dis	sease	years
	IFICANT CONDITIONS Abuting to the death but not sease or condition causing deat PERATION 19b. MAJOR I	Thronic brain syn	drome assoc.with urbance with psy	arteriosclerotic	W. Actorsy:
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR	rown) (County)	(STATE)
TIME (Month OF INJURY	b) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
alive on		0		causes and on the date str	
SIGNATURE Edmin 23. BURIAL CRE REMOVAL (S	d Justhaus M.D.	55 Blue Red	Springfie	d State Hospital	July 9, 55







BUREAU V. S.

SS61 87 7711

DEAMEDER

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DATE REC'D

BY LOCAL

SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1) 6

6487 CERTIFICATE	C OF DEATH Reg. Dist.	No. 74
1. PLACE OF DEATH: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED):
CITY (If outside corporate limits, write RURAL) OR and give nearest, town) X TOWN JUKEJVINE MO. 2 7 4.	CITYLIf outside corporate limits, write RURAL a OR TOWN Baltimore	3 V 0 /- 4
HOSPITAL OR Springs. Hate top.	STREET (If rural give location) 3711 Egerton Road	V
(Type or Print) Lillian Fuor Sch	inett OF DEATH: 7 2	(Year) 19 55
F RACE: WIDOWED, DIVORCED. 8-21	6.5 yes.	aya Hours Min.
work done during most of working life, even if retired): Work 1000 OR INDUSTRY:		COUNTRY?
la von Satherfield	Javah Ame Johnson	L
(Yes, no, or unk.) (If Yes, give war or dates of service) No.	Huspital Records	
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
331X Courdio	Vascular feeldent	10 0 au
IMMEDIATE CAUSE (A) DUE TO		
ANTECEDENT CAUSE (8)	al Extenosclerosis	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	ant thited in sense (2) (1)	
(C)		
DEATH BUT NOT RELATED TO THE OR CONDITION CAUSING DEATH	Psychosis	
193 CA OF OPERATION: 198, MAJOR FINDINGS OF OPERATION		YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	31, 195, to 7-22, 1955 that I last	saw the deceased
alive on 7-22., 1955, and that death occurred at SIGNATURE	10 50 p.M. from the causes and on the date :	
Gertrud Somewallet. D. Sanin ofield Sta	the trovifal sykerulle und.	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY) Burial 7/25/55 Woodlawn	TOO CREMATORY LOCATION (City, town, or Woodlawn, Md.	county) (State

FUNERAL DIRECTOR

ADDRESS

SSET ZE TON .

BUREAU V. S.

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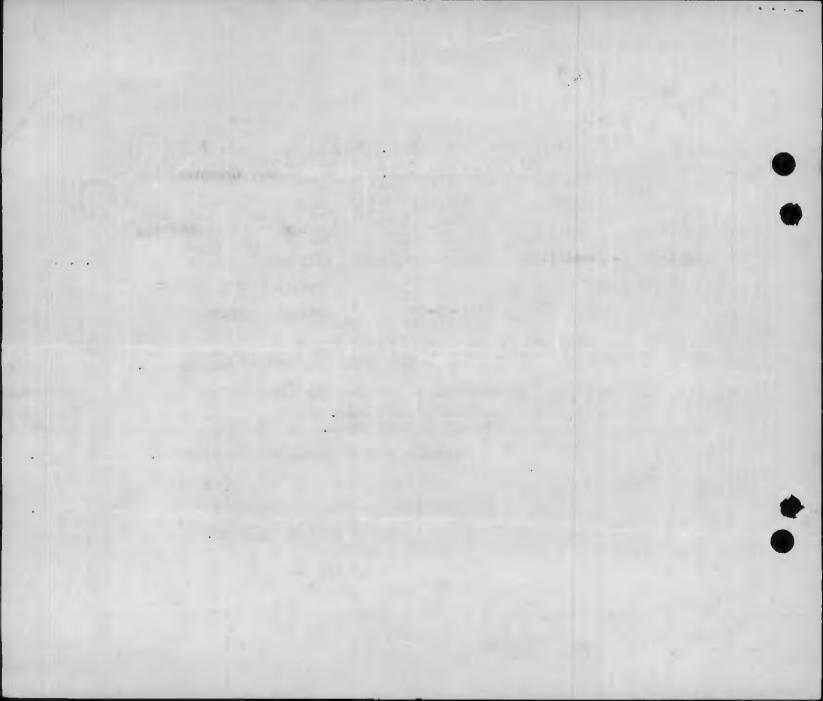
6428

TIEICATE OF DEATH

0103	FOR MEDICAL	L EXAMINERS	Reg. Dist. 1	No.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1. PLACE OF DEATH- COUNTY		II STATE	(HOME) OF DECEASED.	τV
CITY (If outside corporate limits, write RUR.	MARYLAND AL mod LENGTH OF STAY	Marvlan	ld.	Baltimore
Y TOWN give nearest town) Sykesville	(in this place)	OR Baltimo	rate limits, write RURAL and	give nearest town)
HOCDITAL OD	Oyr. TOMO.220	H SINDEI	(If rural, give location)	4.32-31
STREET ADDRESS Springfield	State Hospital	ADDRESS 5207	Overcrest Avenue	1
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) GEORGE	FREDERICK	BOWERS	OF DEATH July	37 1950
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BERTH	9. AGE last birthday If under Month	er I year If under 24 hf.
Male White Oa. USUAL OCCUPATION (Give kind of work)	(Specify) Married	9-10-90	64 yrs	12. CITIZEN OF WEAT
done during most of working the even if retired) Salesman - retail	INDUSTRY		or totage country)	COUNTRYT
J. FATHER'S NAME	Floor Coverings	Maryland	N NAME	U.S.A.
George Bowers		Theresa Loui	sa Romoser	
15. WAS DECKAMED EVER IN U.S. ARMED FORCES (Yes. no. or unknown) (If yes, give war or dates of		17. INFORMANT AND	ADDRESS	
No service)	213-09-4587	Hospital rec	ords	
	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediate cause (a) C	erebral embolism ;	ending further	examination.	Instantly
Antecedent cause(s)				
Diseases or conditions, if any, giving rise to the above cause	arcinoma of the Pr	costate Gland	gresses. Mosernase as granganases services services services and services of the services of t	12 months
stating the underlying cause last	mbolism of left La	mg, due to		Minutes
II. OTHER SIGNIFICANT CONDITIONS	racture of left for	mur		3 days
Conditions contributing to the death but not				
related to the disease or condition causing deat	INDINES OF OPERATION	cerebral arteri	osclerosis.	74 170
2				Yes IC No [
PRIMARY FOR CONTRIBUTING PLACE	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNT	
CAUSE OF DEATH. INJU	office bldg., etc.) JRY Hospital	Sykes	ville Carro	11 Md.
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not while	HOW DID INJURY OF	CCURI	
INJURY 7-28-55 m.	work at work m	Fell in bathr	0.000	
22. I certify that I took charge of the remain	ins described above, held an A	lutopsy Inspection	Inquiry thereon and	from the evidence
oblained by said Aulonsy, inspection or	Inquiry, find that said dece	ased died on the day stat	ed above, and death in my	y opinion resulted
from: notural causes , accident SIGNATURE	(Degree or title)	andetermined		DATE SIGNED
1 2 92	On . 1)	11301 10	Stal	7/31/00
21, BURIAL, CREMATION DATE THEREO	IN AME OF CONTEME	RY OR GREMATORY	L / VIII	110.100
REMOVAL (Spreily) Quant 3			Battimore M.	1
DATE REC'D BY LOCAL RECISTRAR'S	SIGNATURE/	24. FUNERAL DIRECT	Dattimore /n.	ADDRESS
Red - 2 - 77 /2	Itelier &	mma Ticker	E Transport	17 med

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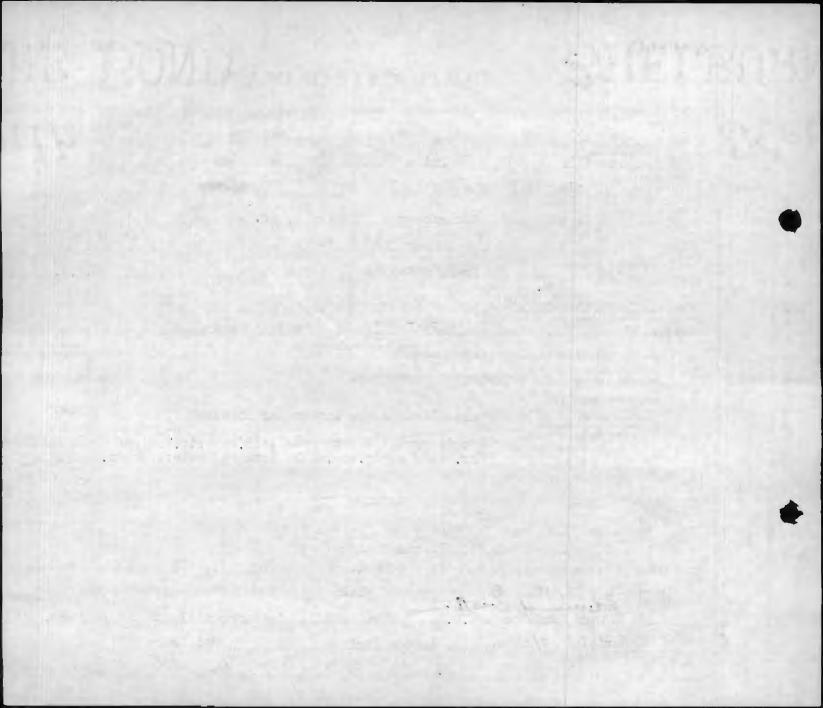


6489

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH-		2. USUAL RESIDENCE	(HOME) OF DEC			
COUNTY	MARYLAND	STATE Marylan	d	COUNTY	Balto	City
CITY (If outside corporate limits, write RUI	RAL and LENGTH OF STAY	CITY (If outside corpo		RURAL and give	e nearest tow	n)
X TOWN Sykesville	(in this place)	TOWN Baltim	org		3V01.	4
HOSPITAL OR	Zuuns 10 day	STREET	(If rural s	rive Incation)		1
PINSTITUTION OR	State Weenstell	ADDRESS 1801.	ctmo	o+		1
5 STREET ADDRESS Springfield		1000.	Sence Dore	0.0	150	(75)
3. NAME OF (First) DECEASED	(Middle)	(Last)	4. DATE OF	(Month)	(Day)	(Year)
(Type or Print) Frank	Richardson	Burrell, Sr.	DEATH	7	23	1955
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH	9. AGE last birt	hday If under.	Days Hour	ler 24 hrs
M W	(Specify) married	9-22- 8h	70	yrs.	Days Mod	7,77
102. USUAL OCCUPATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)		. CITIZEN OF	WHAT
done during most of working life, even if retired)	Brass & Copper	New York		п	COUNTRY?	
13. FATHER'S NAME R.	- 21488 a 001 101	14. MOTHER'S MAIDE	N NAME	u		
Frank Burre	11	Sara				
15 Was Decreased Even In HS Apart Popen	197 I 16 SOCIAL SPUIDLEY NO	17. INFORMANT AND	ADDDESS	-		
(Yes, no, or unknown) (If year, give war or dates	of 215-10-0864					
NO service)	Unkn	- Hospital R	ecords			
	18. MEDICAL CE	RTIFICATION			INTERVAL E	ETWEEN
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	
422.1						
Immediate cause (a)(Cerebral hemorrhage	B			2 days	** TE TO THE .
					ł	
Antecedent cause(s)					700 0 200	
Diseases or conditions, if any, (b)	Arterisclerotic car	rdiovascular di	sease		years	
giving rise to the above cause						
II. OTHER SIGNIFICANT CONDITIONS	Chronic ovetitie	with monetatio	humanta he	ni on	2분 mon	ths-
II. OTHER SIGNIFICANT CONDITIONS	Chr. brain syndr.	and with someh	mal antoni	one load	-	
Conditions contributing to the death but not related to the disease or condition causing des		ass.with celen	rai arveri	oscier.	year	2
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION				26. AUTO	PSY?
					Yes 🗆	No DE
21. ACCIDENT (Specify) PL	ACE (Home, farm, factory, street,	(CITY OR	TOWN)	(COUNTY)	(STAT	
SUICIDE OF	office bldg., etc.)			(0.101117)	(
710 1111010	URY	HOW DID INJURY O	CCUID?			
OF (Month) (Day) (Year) (Hour)	While at Not While	HOW DID INJURY O	CCURI			
INJURY m.	Work At work					-
		75 Tan 3	חם יהלל			-
22. I hereby certify that I attended the	he deceased from Lune Z	, 519, to.VILLY	23.9., 1955,	that I last sa	aw the dec	eased
	A	2 frankl		. Ab- John sale	atal abassa	
alive on lastr 22 has 9		galbana a.m., from th	e causes and of	i the date su	aced above	
all ve out and the second of	in that death occurred atil.	TODREGG				CNED
signature	Maria .					
Edmund Lusthaus	Maria .					1955
Edmund Lusthaus 23. BURIAL, CREMATION DATE	M.D. Spri	ADDRESS				
Edmund Lusthaus 23. BURIAL, CREMATION DATE REMOVAL BUTTA1 7/26/5	M.D. Spri	ngfield State H		, town, or count	ly 23,	1955 tate)
Edmund Lusthaus 23. BURIAL, CREMATION DATE	M.D. Spri	ngfield State H	ospital LOCATION (City Baltimo)	, town, or count		1955 tate)



CERTIFICATE OF DEATH

0430 CERTIFICAL	COLDENIII Reg. Dis	t. No. 2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Carroll MARYLAND	STATEMARYLAND COUNTY	L. Ha
CITY (If outside corporate limits, write RURAL CINGTH OF STAY OR and give nearest town) Y TOWN LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL OR TOWN Baltimore (27)	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield Hospital	STREET (If rural give location ADDRESS 7000 Highland Ave.	1
J. NAME OF (First) (Middle) OECEASED: (Type or Print) Charles Henry Burrier	OF	(Day) (Year) 23 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 3-28-	OF BIRTH: 9. AGE last birthday IF UNDER Months	10 //
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): painter	11. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lewis H. Burrier	14. MOTHER'S MAIDEN NAME:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Balto. Md. George Hood	and Ave.
	ardal infarction	INTERVAL BETWEEN ONSET AND DEATH minutes
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (8) CONOTARY AT	teriosclerosis	years
	rain syndorme with	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	rteriosclerosis	years
DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
TSA. DATE OF OPERATION:	N	YES Z NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (Courtetc. INJURY OCCUR?	nty) (State)
OF INJURY OF INJURY M. 21E INJURY OCCURRED While Not while at work at work	The desired has seen	
	10:00, from the causes and on the date	stated above.
DATE REC'D BY LOCAL REGISTHAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS

10 - 53 A15 The

information carefully.

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Supply every

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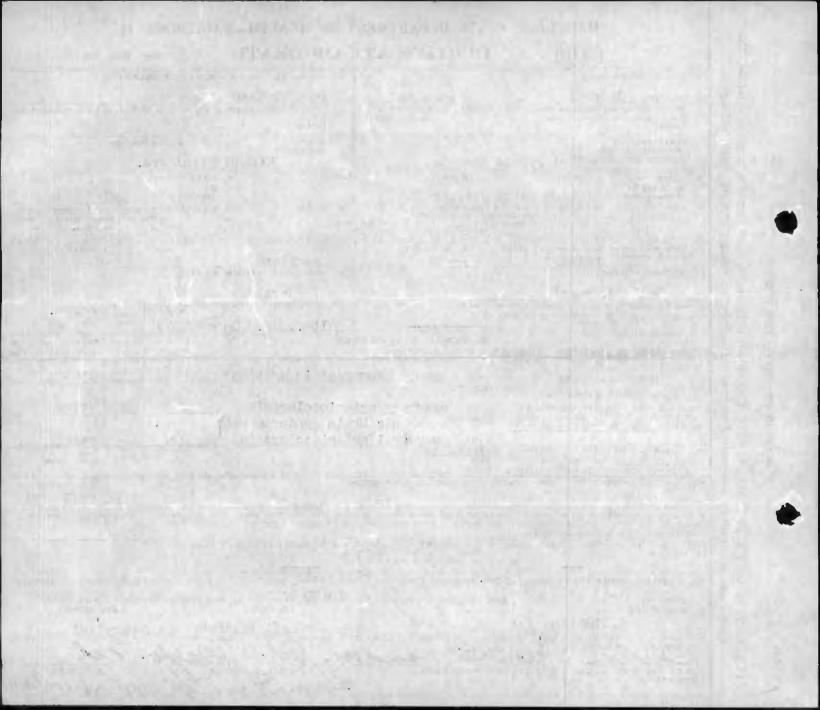
OR WRITE PLAINLY,

TYPE

PLEASE

DATE REC'D BY LOCAL

MARGIN RESERVED FOR BINDING



MARGIN RESERVED FOR BINDING

6491 CERT	TIFICATE OF	F DEATH	Reg. Dist.	No. 7.8
1. PLACE OF DEATH:	2. USU	JAL RESIDENCE (HOM	E) OF DECEASED:	C . 10
CITY (If outside corporate limits, write RURAL LE	MARYLAND STAY	Y (If outside corporate	COUNT	
TOWN West muster Rival	(in this place) (in this place) (in this place)	NN Westmin	der Rusa	LX
INSTITUTION OR STREET ADDRESS Entry		DRESS Enter	(If rural give location)	/
3. NAME OF (First) (Middle (Type or Print) EDWARD	BYERS	4. DATE OF DEATE		(Year) 19.55
5. SEX: S. COLOR OR RACE: WIDOWED, DIVOR (Specify):	RCED. Oct 23 - 18	776 78	yrs. He under 1 Yea	Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	OF BUSINESS OR II. B	MANUAL (State or f	oreign country): 12. Cl	UNTRY?
David Byers	14. MO1	winder Name	ru	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no, or unk.) (If Yes, give war or dates of service)	SECURITY No.: 17. INFORM	Mull likel	Lumoten R5	md
18. MEDIC 1. DISEASES OR CONDITIONS DIRECTLY LEADING	CAL CERTIFICATION	n		Interval Between
Immediate cause (a)(Mr.	. 6.	cardity		Onset And Dea
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last, DUE TO	ilinis 5	Elevos		
11. OTHER SIGNIFICANT CONDITIONS			1	
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY
21. ACCIDENT (Specify) PLACE (Home, fa	forton stock (CI	TY OR TOWN)	(COUNTY) (ST	Yes No No
SUICIDE OF Office bldg		it on iown)	(6001411) (51.	TE 4 P2/
TIME (Month) (Day) (Year) (Hour) INJURY O	OCCURED HOW Not While	DID INJURY OCCUR?		



22. I hereby certify that I attended the deceased from Q that I last saw the deceased alive on 7. and that death occurred at (Degree or titie) on the date stated above from the causes and

BURIAL, CREMATION, REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S REGISTRAR

24.

ADDRESS

(City, town, or county)

PLEASE WRITE

especially important. PLAINLY, WITH

> Ŋ age

6492

CERTIFICATE OF DEATH

Reg. Dist. No. 6

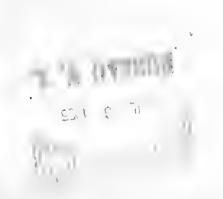
1. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: COUNTY STATE MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) OR TOWN TOWN was Wishmins HOSPITAL OR INSTITUTION OR STREET STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED: OF (Type or Print) 1955 DEATH: 5. SEX: COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday: If UNDER I YEAR IP UNDER 24 HRS. WIDOWED, DIVORCED, RACE: Months Dave Hours (Specify): ranu 10a. USUAL OCCUPATION Give II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS/OR kind of INDUSTRY: COUNTRY? work done during most of working life, aften (f. ratired) (1) 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME. WAS DECEASED EVER IN U.S. ARMED FORCES? I6. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of service) Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death 423. Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last. DUE TO 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death, 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes I No F 21. ACCIDENT (STATE) (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY At Work | 22. I hereby certify that I attended the deceased from Just , 19.55, that I last saw the deceased SIGNATURE 2, alive on P.M. from the causes and on the date stated above. , and that death occurred at (Degree or title) DATE SIGNED ADDRESS novara BURIAL, CREMATION, LOCATION (City, town, or county) (State) NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) urial REGISTRAR'S SIGNATURE ADDRÉSS FUNERAL DIRECTUR

7S. A15

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PLE



06496 Reg. Dist.

MAKILAN.	D STATE	DEPARIMEN	I OF	HEALTH-	-BALITMURE,	18
 D. T. CO. J. T.	T3 1 3 6		~	NAME OF THE PART OF		

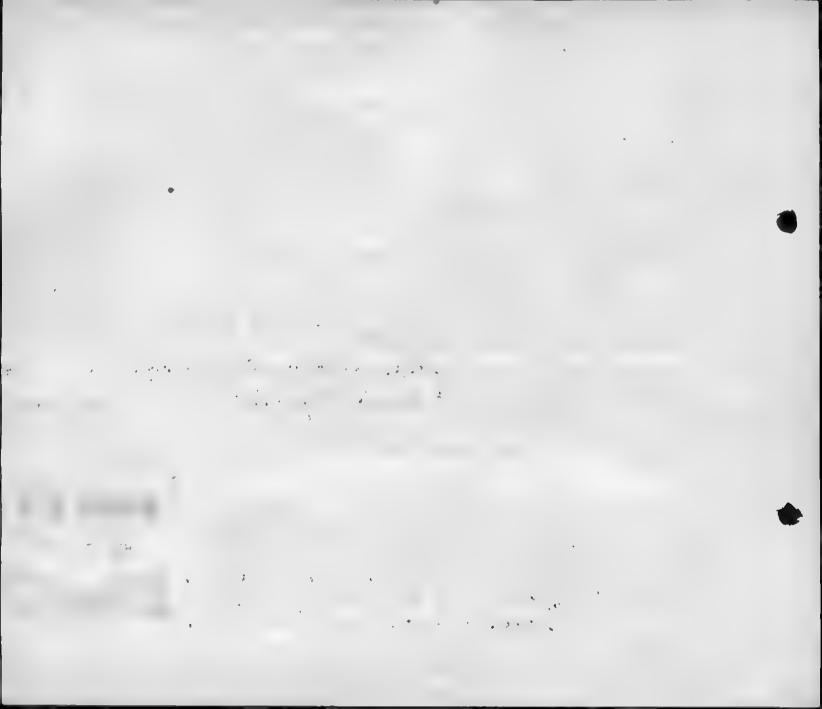
MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18 Reg. L	list.
MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH No.	76
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CATTOLL MARYLAND	STATE Maryland county Carroll	
CITY (If outside corporate limits, write RURAL LENGTH OF STA	CITY (If outside corporate limits write RURAL and give ner	arest town)
OR and give nearest town) (in this place)	TOWN Westminster, Md.	27
HOSPITAL OR INSTITUTION OR Rt. 526 - 1 mi.e2.of Westmire	STREET (If rural, give location)	1
8. NAME OF (First) (Middle)	(Last) / DATE (Month) (Day) (Ye	ar)
DECEASED: (Type or Print) MARSHALL GRANT	CARR DEATH July 19	19 55
	TE OF BIRTH: 9. AGE last-birthday: IF UNDER 1 YEAR IF U	urs Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS work done during most of work life, even if retired): 12 mm (Lift 10 1	OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEI COUNT	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME;	<u> </u>
Lineseil CAZZ	Cuttingin South	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:	7
(Yes, no, or unk.) (If Yes, give war or dates of service)	Beone la Car Vinendana men	1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET	AL BETWEEN AND DEATH
Antecedent cause(s) Ruptured aorts		
Diseases or conditions, if any, (b)	Aorax	**
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION	: 20. A)	JTOPSY?
		es 🔯 No 🗌
PRIMARY E or CONTRIBUTING D 21b. PLACE (Home, farm, factor OF street, office bidg., e INJURY Street	ory, 21c. (City or town) (County) (St	ate)
PRIMARY F or CONTRIBUTING OF Street, office bids., e	mile east of Wastminster= Carroll	Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while	. *	
injury 7/19/55 10:15 M. work at work		🗆 .
22. I hereby certify that I took charge of the remains described that death resulted from: Natural causes - Ac	cident E, Suicide . Homicide . Undetermined	
SIGNATURE / SIGNATURE		E SIGNED
23. BURIAL, CREMATION, VATE THEREOF NAME OF CEMET	TERY OR OREMATORY LOCATION (City, town, or county)	(State)
REMOVAL (Specity):	en Comition Bunk historiant	imil.
DATE REC'D BY LOCAL & REGISTRAR'S SIGNATURE REG.	ZI. FUNERAL DIRECTOR	DRESS
1.21-15 Hamil Moder	2 4 5. mariles who when we d	

WRITE PLAINLY, WITH VS. A15A - 5 - ■3 PLEASE

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Φ.	MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	06497
7. Th	6494 CERTIFICATE	OF DEATH Reg. Dist. N	To. 78
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
tion carefully and legibly.	COUNTY Carroll CITY (If outside corporate limits, write RURAL OR and give nearest pown) Y TOWN rural - Mt. Airy MARYLAND LENGTH OF STAY (in this place)	STATE Maryland COUNTY Carrol CITY (If outside corporate limits, write RURAL and TOWN rural Mt. Airy	give nearest town)
information clearly and	HOSPITAL OR INSTITUTION OR OF STREET ADDRESS	STREET (If rural give location) ADDRESS Buffalo Road	7
	DECEASED:	ast) 4. DATE (Month) (Day	
every item of causes of death	Type or Print) RUFUS Z. CHAMI S SEX 6 COLOR OR 7. SINGLE, MARRIED. 8. DATE OF MILE OF	9. AGE last birthday IF UNDER 1 YEAR 890 64. yrs. Months Days 11. BIRTHPLACE (State or foreign country): 112, CIT	Hours Min.
y e	retTred"Tireman Balto.Fire Dept.		J.S.
Supply ite the c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
K. Su write	John Champion	not known	TO SERVICE TO MAKE THE PROPERTY OF THE PROPERT
INK.	(Yes, no. or unk.) (If Yes, give war or dates		me
WITH UNFADING nt. Physicians: plea	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 5 9 & X IMMEDIATE CAUSE (A) DUE TO		STERVAL BETWEEN NSET AND DEATH 48 Nous
ITH UNFAI Physicians:	STATING UNDERLYING CAUSE LAST.	nephritis	5 4000
- 65	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
-4	198 DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factor OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., et (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
15	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
SE TYPE OR correct age is	Precilen Bare M. C.	A.M. from the causes and on the date star DATE S	ted above. SIGNED
AS	BURIAL (SPECIFY) BURIAL 8-31-1955 NAME OF CEMETER Winfield Chy		7'
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 7. 19-1955 6. M. Jane		ADDRESS



0	4	0	and the	
160	71	U	54	
U	4-64	J	e)	

F		6495 CI	ERTIFICATE	OF DEATH	Reg. Dist	. No. 74
on marketing	. Y	1. PLACE OF DEATH:		2. USUAL RESIDENCE		
4	legibly.	Randl		me	Pa	//
j	1 60 E	COUNTY (MNOW	MARYLAND	STATE // MC	COUNTY (21	noch
		CITY (If outside corporate limits, write RUR.	AL LENGTH OF STAY	CITY!If outside corporat	e limits, write RURAL	ind give nearest town
	and	X TOWN Chlourvell.	20 years	TOWN ONLOW	wille.	X
1	ly Iv	HOSPITAL OR		STREET	of rural give location)	- /
) [1 83	INSTITUTION OR STREET ADDRESS		ADDRESS	will. F	1).
/ 4	death clearly and	3. NAME OF (First)	(Middle)	Last) 4.	DATE (Month)	Dun) (Year)
4	당	DECEASED:	Ar C	Last) 4.	OF (Month)	Day) (Year)
		(Type or Print)	10, (1	ugucon	DEATH Jackey	19.5-3
8	of de	RACE: , WIDOWED,		OF BIRTH: 9. AGE 1	ast birthmay IF Uyber in Months I	PAR HOUTE Min.
		OH. YW (Specify)	received nov.	26. 1885 6	yrs.	Mys Hours Min.
1	causes		IND OF BUSINESS	II. BIRTHPLACE (State or	foreign country): 12.	CITIZEN OF WHAT
ì	10 C	work done during most of working life, even if retired);	OR INDUSTRY:	m		COUNTRY
1	2 2	13. FATHER'S NAME:	on Home	14. MOTHER'S MAIDEN	MANE	1.5.H.
C1	the	13. PATHER'S NAME:	1 -1	14. MOTHER'S MAIDEN	NAME:	
r.	n e	Ulrakam off. All	each	111acy 6. 1	Dansberg	ed
	. 'E		SOCIAL SECURITY NO.	17. INFORMANT & ADDR	ESS:	0 1 - 2 -
TNI		(Yes, no, or unk.) (If Yes, give war or dates of service)	Must -	m. Orace & DA	ante de	alexalle V
				in your VI. (MA	represent the	The state of the s
TINTEADING	please	I DISEASES OR CONDITIONS DIRECTLY LEA	MEDICAL CERTIFICATI	ON /		INTERVAL BETWEEN
Ē	1	2314		a k'		ONSE! AND DEATH
→	3 5	IMMEDIATE CAUSE (A	eretzal	newson	2	2 1/20
Ģ	In Civral Physicians:	DUE			1	
É	S 19	ANTECEDENT CAUSE (8)			V	
	100	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE				-
Ē	집	STATING UNDERLYING CAUSE LAST.	10			
TIME	ئب ≾	(C				
	- 00	II OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE				
P	07 17	DISEASE OR CONDITION CAUSING DEAT				
A TAIT O	du		IDINGS OF OPERATION			20. AUTOPSY1
~	3					YES NO
Ė				B		1
		21A. ACCIDENT WAS UNDERLYING 21B. FOR CONTRIBUTING CAUSE OF DEATH OF IN	PLACE (Home, farm, facto JURY street, office bldg., o	etc. INJURY OCCURY	ty or town) (Count	ty) (State)
Ē	pecia	(IF EITHER, NOTIFY MEDICAL EXAMINER)				
1	S IS		E INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?	
F B	-		work at work			
E c	H .E	00 7 3 7 4 6 47 4 7 4 1 3 7 17	10 //0/	11 1000 11/11/11	1000 11 1 7 7 1	47 1 1
	9.0	22. I hereby certify that I attended the d	eceased from 6	, 1955, to / /s/4/	, 1922, that I last	saw the deceased
20.24	1	alive on 6 / 4 / , 1920, and th	at death occurred at	7.15/M, from the caus	es and on the date	stated above.
P	ect	SIGNATURE 6 TOTAL		ADDRESS		TE SIGNED
		Rm. E. Markey	М.	D. Kaupall	Nowy	16/55
3	200	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETE	RY OR CHEMATORY LO	CATION (City, town, or	county) (State)
e e	EASE cor	REMOVAL (SPECIFY) 7-7-55	olding	Cill.	take ille	med
i i	Ž	DATE REC'D BY LOCAL REGISTRAR'S SI	GNATURE	24 FUNERAL DIRECTO	agree to the	ADDRESS

VS. A15-10-53

MARGIN RESERVED FOR BINDING

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6498

CEPTIFICATE OF DEATH

rre	Reg. Dis	st. No. /
9	1. PLACE OF DEATH: 2 USUAL RESIDENCE (HOME) OF DECEASED:	
Ely.		Interroll
legi.	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give negrest town) - (in this place) TOWN Ward Westmenster **S ye.* TOWN Turned Westmenster	and give newrest town)
d caref	INSPITAL OR STREET ADDRESS P.D. 5 STREET ADDRESS P.D. 5	m) /
information leath clearly	(Type or Print) JOHN WILLIAM COPENHAVER DEATH: JURY	(Year) 19.55
	m (Specify) 1 1-1906 18 yrs.	Days Hours Min.
item of	10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12 work done during most of working life, 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12 even if retired): 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12 maryland	COUNTRY?
ca	Charles Tilden Cohenhaver Oatherine Littert	
>, ∓	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, po, or unk.) (If Yes, give war or dates of 2/3-05-15/7 // Athrum // contact for him him.)	Westmington
Suppl	18. MEDICAL CERTIFICATION	Interval Between
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Onset And Death
INK. please	Immediate cause (a) Corcums of leiding must in Antecedent causes (s) DUE TO Literary + Rt lung.	Colont 141
UNFADING Physicians:	Antecedent causes (s) Diseases or conditions, if any,	
UNFADINC Physicians:	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	4 1742
YS.	(c) Hyphortus	1 91.
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
WITH ortant	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ?
W		Yes No 🖪
LY, WITH important.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) PLACE (Home, farm, factory, street, office bldg., etc.)	(STATE)
E PLAINLY especially im	TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY OCCUR? m. Work At Work	
24	22. I hereby certify that I attended the deceased from,1957, to, 1957, that I las	
RIT	alive on	DATE SIGNED
SE W	23 BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or	1
LEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 124. FUNERAL DIRECTOR REGISTRAR 124. FUNERAL DIRECTOR REGISTRAR 125. Par 14 May 12 M	ADDRESS
file.	- The said () The ATO anicale (W.	- LIMI

MARGIN RESERVED FOR BINDING

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VS. A15

i soi so Thi

(Day)

12. CITIZEN OF

INTERVAL BETWEEN

ONSET AND DEATE

(Year)

CITY (If outside corporate limits, write RURAL and give nearest town)

(If rural, give location

(Month)

9. AGE last birthday | If under 1 year | If under 24 hrs | Months. | Days | Hours | Min.

July

I. PLACE OF DEATH

13. FATHER'S NAME

Carrol `

CERTIFICATE OF DEATH

STATE

Reg. Dist. No



		X TOWN give nearest	Sykesville	34	days	TOWN	Rockville
		HOSPITAL OR STREET ADDRE		State Hosp:	ital	STREET ADDRESS 205	Park Road
		3. NAME OF DECEASED (Type or Print)	(First) EDYTH	(Middle) MILTON	POTTS	CRIM	4. DATE OF DEATH
		5. SEX Female	white	7. SINGLE, MAR WIDOWED, DI (Specify) C1V	VORCED,	8. DATE OF BIRTH 1-5-05'	50
		10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BU	MO SSENIA	H. BIRTHPLACE (S	late or foreign country)

CITY If outside corporate limits, write RURAL and | LENGTH OF STAY

Clinton Potts

PUTTS	
HED,	8.
ORCED,	
rseq	
SINESS OR	11.
keeper	
	1.4

17. INFORMANT AND ADDRESS

Crim - son

Virginia

2. USUAL RESIDENCE (HOME) OF DECEASED.

Montgomery

Rockville

MARGIN RESERVED FOR BINDING

Immediate cause

BRONCHOPNEUMONIA

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS

(Specify)

NIL

NIL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | (Yes, no, or unknown) | (If year, give wat or dates of

> Diabetes Mellitus Hymertensive Cardio-Renal Disease

18. MEDICAL CERTIFICATION

chotic Reaction sec. to Arteriosclero (CITY OR TOWN)

21. ACCIDENT HOMICIDE TIME (Month) (Day) (Year)

INJURY

INJU	JRY		NTT
Hour)	INJURY While at	OCCURI Not V	
m.	Work		work

PLACE (Home, farm, factory, street,

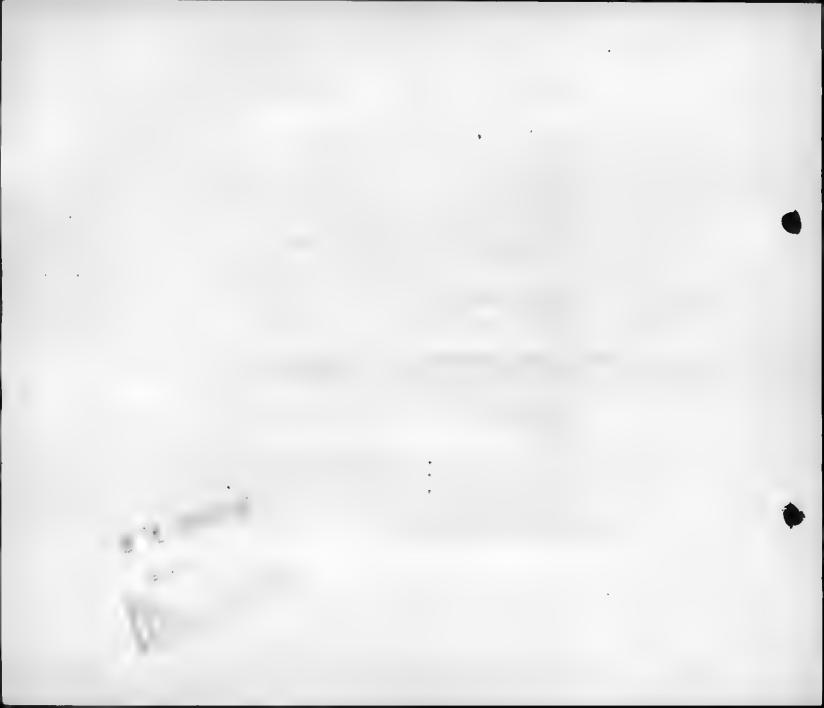
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6 , 1955, to 7-9 , 1955, that I last saw the deceased ., 1955 and that death occurred at 11:02 P.m., from the causes and on the date stated above. alive on7-9 SIGNATURE

REMOVAL (Specify)	7-10-55
DATE REC'D BY LOCAL	REGISTRAR'S SIGNATURE

NIL

NIL



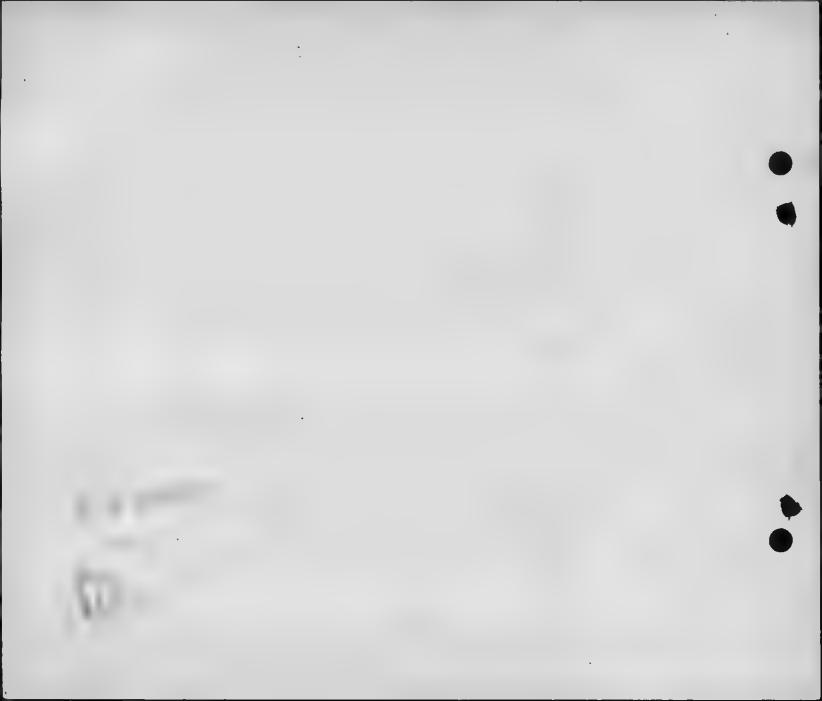
6432

CERTIFICATE OF DEATH

05 a	FOR MEDICAL	EXAMINERS Reg. Dist. No.	o
ion carefully. The	1. PLACE OF DEATH COUNTY CITY (If outside corporate limits, write RURAL and LENGTH OF STAY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT CITY (II obtaide corporate/limits, write RURAL and gior Town STREET (If rural, give location) ADDRESS	Lit were
Supply every item of information write the causes of death clearly an	3. NAME OF (First) (Middle) DECEASED (Type or Print) (ERTHA. IRENE 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 10w. USUAL OCCUPATION (Give kind of work dependent of working life, even if retired) INDUSTRY	111/4 1.1874 61 yrs. ((Day) (Year / Year If under 24 b Days Hours Mi 2. Citizen of Whi Country
oly every itel	13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) (II yes. give war or dates of service) 16. Social Security No. (200-07-7425	14. MOTHER'S MAIDEN NAME 17. INFORMANT AND ADDRESS 17. INFORMANT AND ADDRESS	· Last
INFADING INK. Supi	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Seelision.	Interval Betwee Onset and Dra-
VIT'II UNE portant. Ph	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	20, AUTOPSY7
PLAINLY, WITH U	PRIMARY OR CONTRIBUTING OF office bidg., etc.) CALSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY or at work at work	HOW DID INJURY OCCUR?	
E WRITE PL	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural couses for accident suicide, homicide, SIGNATURE (Degree or title)	areas I had well of I	DATE SIGNED
PLEASE	DATE REC'D BY LOCAL PREGISTRAR'S SIGNATURE REG	RY OR CREMATORY LOCATION (City, town, or country LAND GO, MARCON LOCATION (City, town, or country L	ty) (State)

MARGIN RESERVID FOR BINDING

correct age





DE OPERATION: I PL 21A ACCIDENT WAS UNDERLYING 21B PLACE (Home, farm, factory. 21C WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? WRIT (IF EITHER, NOTIFY MEDICAL EXAMINER) 210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR? Not while While: OF INJURY at work L at work 50 2 0 , 1917, to July .2 , 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from Spt. I

. 1955, and that death occurred at 10:10%, from the causes and on the date stated above. DATE SIGNED

hearin	2	M. D	Sykesvil	le, Md	
BURIAL, CREMATION, DATE T		AME OF CEMETER	OR CREMATORY	COCATION (City,	

REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL

FUNERAL DIRECTOR

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COUNTY

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6493

CERTIFICATE OF DEATH

Reg. Dist. No. 75....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	-
COUNTY CARROLL MARYLAND	STATE MCC. COUNT	W Carroll
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	The Property of the Control of the C
OR and rive nearest town) (in this place) Y TOWN Ree rat Frembotted (fro	TOWN Kuyal Hampotead	120.2.X
HOSPITAL OR	STREET (If rural give location)	/
OF STREET ADDRESS Herefesters # 0 52	ADDRESS Hamfatead 100	St.
3. NAME OF (First) (Middle) (Type or Print) / BIAS / ENRY	(Last) 4. DATE (Month) (Day) OF DEATH: July 18	(Year)
	OF BIRTH: 9. AGE last birthday: Fr UNDER I YE	AR IF UNDER 24 HRS.
10a, USUAL OCCUPATION Give kind of 10b, KIND OF BUSINESS OF	~//0//	ITIZEN OF WHAT
work done during most of working life, even if retired):		OUNTRY! USA
13. FATHER'S NAME:	14. MOTHER'S MALDEN NAME:	
John B. Oule	Sally Miller	
15 WAS DECRASED EVER IN U. SARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of Mosco Plane Proces)	John & Dube Hayestead	', and.
18. MEDICAL CERTIFICAT	ри	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
Immediate cause (a) Cerebral	Hemourhage	Int.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO DUE TO Authorized TO DUE TO (b)	nor antenorlente	1yr
11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street office bldg., etc.)	(CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 11.	1957 to July 18, 1955, that I last:	saw the deceased
alive on valy 18, 1955, and that death occurred at 6	: 50 PM from the causes and on the date s	
WN. troand M.D.	Manuelocter, Mr 7/	18/55
23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETE PLOYAL Specify Successful Specify Successful Specific States Sta	RY OR CREMATORY LOCATION Gity, town, or con	enty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE SULVEY SU	24. FUERACTOR COM Char Char	ADDRESS O
	Ho Geille	

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-b	13.	- 111

F. Gasch's Sons Hyattsville, Maryland.

	E	55 W	CERTIFICATI	E OF DEAT	H Reg. Di	ist. No. 74
1	refully.	1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEAS	SED:
	reful]	county_Carroll	MARYLAND	state Maryl	and county Car	oline
1		CITY (If outside corporate limits, write OR and give nearest town)	RURAL LENGTH OF STAY (in this place)	OR	orporate limits, write RURAL	
ı.	tion and	X TOWN Sykesville	1 y 4 m 6 day		ly Md.	05X-20
ħ <i>t</i> :	form=	HOSPITAL OR		STREET ADDRESS	(If rural give location	on)
HE	information	STREET ADDRESSSpringfield		(Last)	ute I	<u></u>
	of i	DECEASED			4. DATE (Month)	(Day) (Year)
	de de	(Type or Print) NOTMAN 5. SEX: 6. COLOR OR 7. SINGL			AGE last birthday IF UNDER	1 - 19 55
F	_	RACE: WIDON (Specif	web, bivorceb.	10 - 98	57 yrs Months	Days Hours (Mln.
	Tvery	IOA. USUAL OCCUPATION (Give kind of work done during most of working life,			tate or foreign country): [1]	2. CITIZEN OF WHAT
N.C.	cau	even if retired): farmer	ON HADOSINI:	Missouri		U.S.A.
101	Supply te the c	13. FATHER'S NAME:		14. MOTHER'S MA	DEN NAME;	
BINDING	Su]	William H. Dudman		Anna Crou		
FOR	K. wri	18 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates		17. INFORMANT &		
FC	IN ise	unkn of service)	18. MEDICAL CERTIFICAT	Hospital	_records	
ED	NG plea	I DISEASES OR CONDITIONS DIRECTL		ION		INTERVAL BETWEEN
RESERVED	ADING s: plea	420.0	Information	of myocardium		1 day
ଥ	UNFA	IMMEDIATE CAUSE ANTECEDENT CAUSE (6)	(A) Interction (T III ocatataii		
	U.	DISEASES OR CONDITIONS, IF ANY.	(B) Coronary thi	combosis		1 day
Z	Phys	STATING UNDERLYING CAUSE LAST.	DUE TO			
MARGIN		(026x)	(c) Arteriosclero	tic heart disc	ease	years
M	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO	o THE Unron DI	syndr assoc.	with CNS syphilingoencephalitis	S
	AINLY import	DISEASE OR CONDITION CAUSING 19a. DATE OF OPERATION: 19b. MAJO	R FINDINGS OF OPERATIO			- years
	7			with psychoo	ic reacoron	YES Y NO
<i>-</i>	VRITE PL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	OF INJURY street, office bldg.	tory. 21c. WHERE DI		unty) (State)
(I	F	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E NJURY OCCURRED While Not while at work at work	2 21F. HOW DID IN	JURY OCCUR?	
	OR e is	22. I hereby certify that I attended	the deceased from March	7 - 1955 . to .[11]	v 1 19 55 that I le	ast saw the deceased
62	면 B B	alive on July 1, Q 1955, a		10:45M, from the	e causes and on the dat	te stated above.
10		Signature Quett	eus .	ADDRESS		NATE SIGNED
- 917	×.	23. BURIAE, CREMATION, USATE AND REMOVAL (SPECIFIC Transportation July 3	, 1955 NAME OF CEMET	ERY OR CREMATORY	State Hospital Location (City, town, Missouri	or county) (State)
-4,	LE	DATE REC'D BY LOCAL AGISTRAF	. 7777	24. FUNERAL DI	RECTOR	ADDRESS



CERTIFICATE OF DEATH

rrmet	65 11	CERTIFICATE	OF :	DEATH	Reg. Dist.	No. 80
COL	I. PLACE OF DEATH:		2. USUAL	RESIDENCE (HOME)	OF DECEASED:	
The	COUNTY 62 MIL	MARYLAND	STATE	Trays of	COUNT	and the same of th
ılly. The	OR and give nearest town) TOWN	(in this place)	CITY (OR TOWN	If outside corporate lim	its, write RURAL and	give nearest town)
■ref	HOSPITAL OR INSTITUTION OR	V Jahre	STREET		f rural give location)	
n c	O STREET ADDRESS		ADDRES	h. v.	ce	
mation clemrly	3. NAME OF (First) DECEASED: (Type or Print) ALVIE	R'SSELL F	(Last) LEAGL	E 4. DATE OF DEATH:	(Month) (Day)	(Year) 19.55
Supply every item of information carefully. The write the causes of death clearly and legibly.	RACE: WII	GLE, MARRIED, lOWED, DIVORCED, eify): //	F BIRTII:	9. AGE last bi	yrs. IP UNDER 1 YEA	R IF UNDER 24 HRS.
of c	10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	II. BIRTH	IPLACE (State or fore	elgn country): 12. CI	TIZEN OF WHAT
ry iter	13. FATHER'S NAME	a green 60	14. МОТИЕН	PS MAIDEN NAME:		UN.1
y ever	15 WAS DECEASED EVER IN U.S. ARMED FORCE	221 16: Social Security No. 1 17	INFORMANT	& ADDRESS:		
ply ((Yes, no, or unk.) (If Yes, give war or dates service)	216-07-4174	4	the ment		1
Suppl		18. MEDICAL CERTIFICATIO	N		Market Same	die us de l'alle
	I. DISEASES OR CONDITIONS DIRECT					Interval Between Onset And Death
K	502.1	B		- I		Ser And Dentil
INK.	Immediate cause	(a) TO				.0
P N	Antecedent causes (s) Diseases or conditions, if any,	(b) Showie	1300	calitis		There
UNFADINC Physicians:	giving rise to the above cause stating the underlying cause last. DU	E TO				/
N S		(e)				
	 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death burrelated to the disease or condition causi 		Pulmen	any temphy	ema	
WITH	19a. DATE OF OPERATION: 19b. MAJ			11 / 1		20. AUTOPSY ?
N I						Yen No No
LY, imp	SUICIDE OF IN.	IURY	(CITY O	OR TOWN)	(COUNTY) (ST.	ATE)
E PLAINLY,	TIME (Month) (Day) (Year) (Hour) OF INJURY m.	While at Not While	HOW DID	INJURY OCCUR?		
	22. I hereby certify that I attended	the deceased from 40	.,19√7 ., t	ofnly 25, 19	J.J., that I last sa	w the deceased
WRITE ge is	alive on 214, 23, 1956, an	d that death occurred at / (Degree or title)	non	from the causes	and on the date st	ated above.
A 90	James J. March	07.0	NIL	stument	nu)	126/45
E CE	23. BURIAL, CREMATION, DATE THE REMOVAL (Specify)	REOF NAME OF CEMETER	Y OR CREM	ATORY LOCATIO	N (City, town, or coun	ty) (State)
ZA.	DATE REC'D BY LOCAL REGISTRAL REGISTRAL	R'S SIGNATURE 12	Jakally	L DIRECTOR	1 613	ADDRESS
PLEA	REGISTHAR 2 (15.) Once	e & Benedict	D. D. Hu	allered in	a week week	: ::::::::::::::::::::::::::::::::::::

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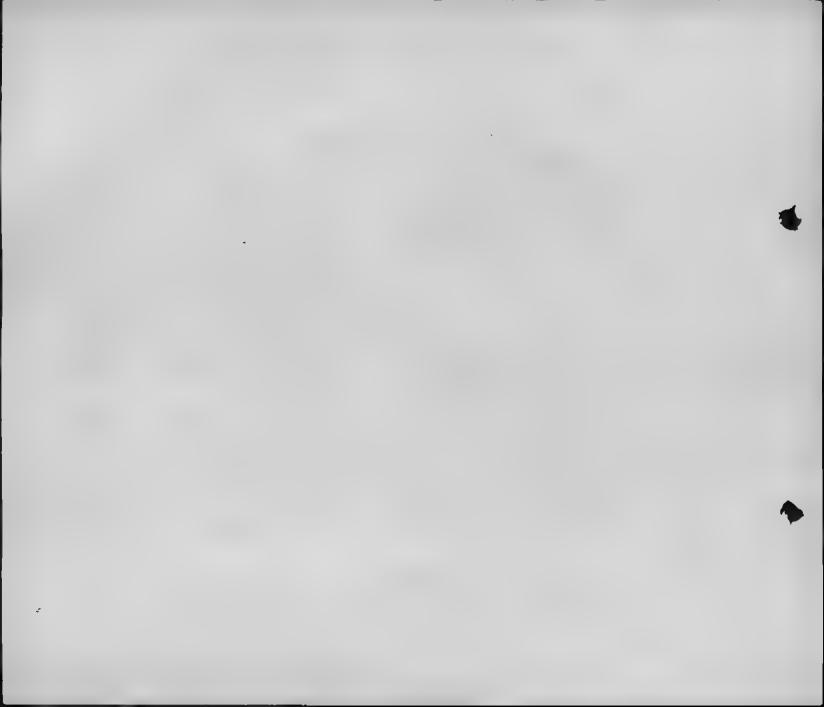
Reg. Dist.

5	MARILAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
COLL	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No
) e	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
n meefully. The correctly and legibly.	county Carroll MARYLAND STATE Maryland COUNTY	
	CITY (If outside corporate limits, write RURAL of stay	give nearest town)
	HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital STREET ADDRESS 2403 North Calvert Street	t ,
Supply every item of information write the mannes of demth charity	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) DECEASED: (Type or Print) LYLE FULLER DEATH 7/ 6	
infor demth	5. SEX: F 6. COLOR OR RACE: W 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married 12/17/00 54 yrs. Months Da	Hours Min.
em of	10a. USUAL OCCUPATION (Give kind of work life, even if retired): None 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. Maryland Gm Balls Ma	CITIZEN OF WITAT COUNTRY? USA
y it	13. FATHER'S NAME:	11.
rer Ea		llino
th th	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give war or dates of	
te es	service) Record, Springfield State Hospital	al
	I8. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	INTERVAL BETWEEN ONSET AND DEATH
INK.	Immediate cause (a)Pulmonary edema	hours
25	Immediate cause (a) Pulmonary edema	***************************************
ADIING iciams: 1	Antecedent cause(s) Diseases or conditions, if any, (b) Bronchopneumonia	hours
ia ia	Diseases or conditions, if any, (b) DI OTTO TO THE CHIEF CONTROLLED	
FA	stating underlying cause last (c) Heat prostration	hours
UNFADING.	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Sociopathic personality Disturbance, TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH. Alcohol addiction.	years
TH	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
M i		Yes 🔀 No 🗌
ing,	ZIa. EXTERNAL CAUSE WAS ZIb. PLACE (Home, farm, factory, PRIMARY or CONTRIBUTING OF street, office bldg., etc., INJURY INJURY CAUSE OF DEATH. INJURY COUNTRIBUTING COUNTRIBU	(State)
PLAINLY, WITH pecially important.	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. work at work	
F S	22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [],	
E S	find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined that death resulted from the suicide [], Indetermined that death resulted from the suicide [], Indetermined the suicide [], Indetermined that death resulted from the suicide [], Indetermined the suici	
WRITE	M. D. DEPUTY MEDICAL EXAMINER X	DATE SIGNED
AS	28. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR GREMATORY LOCATION (City, town or con Burial): July 8 1955 Park word Dallo - Ma	
Бĺ	DATE REC'D BY LOCAL REGISTRAN'S SIGNATURY 21/DUNERAL DIRECTOR	/ ADDRESS

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65 '3 CERTIFICATE OF DEATH

Reg. Dist. No. 714

			47-46				
I. PLACE OF DEATH- COUNTY			2. USUAL RESIDENCE (I	HOME) OF DEC	CEASED		
Carroll		MARYLAND	Maryla		Montgome		
CITY If outside corporate OR give nearest town) TOWN Sykesvil	limits, write RURAL and	LENGTH OF STAY (in this place) 2 months 13	CITY (If outside corpor OR d TOWN Rockvil		RURAL end give	26 7)
HOSPITAL OR	115	1 Z MOHUIS 15	STREET		rive location)	Ward?	
STREET ADDRESS Spr	ingfield State	Hospital	ADDRESS 807 Gr	andin Ave	nue		<u> </u>
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print) Flora			Gandy	DEATH	M(July)	28	1955
5. SEX 6. COI	OR OR RACE 7. S	O ABD, Trongery,	8. DATE OF BIRTH 6-29-77	9. AGE last birt		Days Hours	
10a. USUAL OCCUPATION (done during most of working life		KIND OF BUSINESS OR	11. BIRTHPLACE (State of	r foreign country)		CITIZEN OF	WHAT
Housewi	fe	Home_	Maryland	NAME OF THE PERSON OF THE PERS	ו עו	S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	7		
Hiram Grady 15. Was Deceased Ever In U	C Anama Panana? 1 TE	SOCIAL SECURITY NO.	Martha	4 N D N P C C	4		
(Yes, no, or unknown) (If year,	, give wer or dates of	ADDITION OF THE SECOND	17. INFORMANT AND				
unkn servi	ce) 111	ıkn	-Hospital Reco	ras			
I. DISEASES OR CONDITIO	ONS DIRECTLY LEAD	18. MEDICAL CE	ERTIFICATION			INTERVAL BI	
$260 \times$ Immediate cause	(a)Myoca	ardial infarct	ion.			2days	
Antecedent cause	e(s)						
Diseases or condition giving rise to the abo	Ve cause	risclerotic car	rdiovascular dis	ease		years	
stating the underlying II. OTHER SIGNIFICANT (Conditions contributing to t	CONDITIONS he death but not	cetes mellitus				years.	
related to the disease or con		NGS OF OPERATION				20. AUTOP	SY?
1/		d				Yes 🗆	No 🔛
21. ACCIDENT (Special Suicide		ome, farm, factory, street, e bldg., etc.)	(CITY OR	rown)	(COUNTY)	(STAT)	
HOMICIDE TIME (Month) (Day) OF INJURY			HOW DID INJURY OC	CUR?			
22. I hereby certify that							
signature 5/	, 19.55, and the	t death occurred at	9. p. m., from the	causes and or	n the date sta	ted above.	INED
23. BURIAL, CRESTATION	Lysthaus M.	NAME OF CEMEN	inesii elda State i	leenite Lio	, town, or count	July	3875

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Druid Ridge Cem.

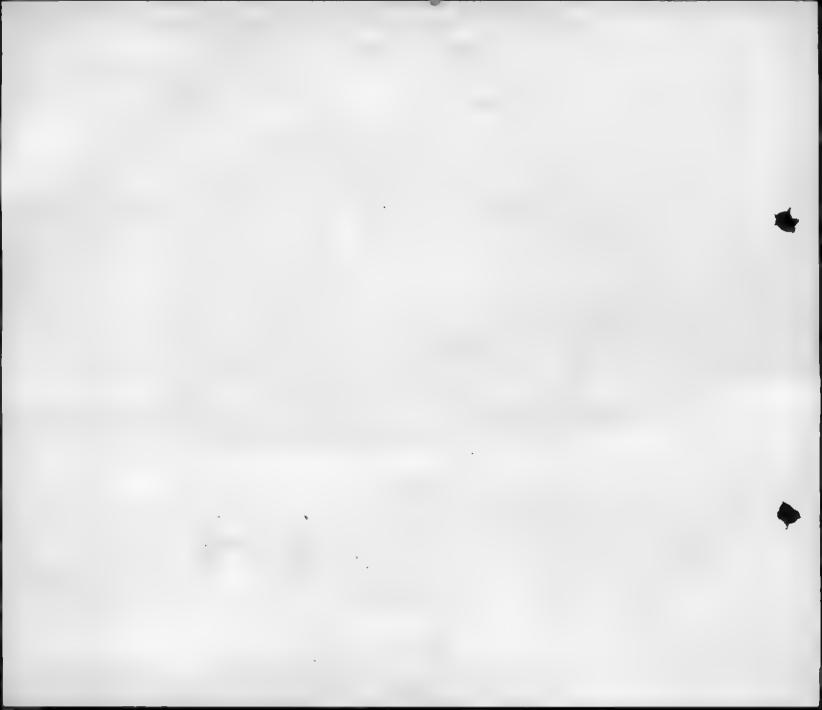
FUNERAL DIRECTOR

VS. A15 — 10 - 53

DATE REC'D BY-LOCAL

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REGISTRAR



MARYLAND	STATE	DEPARTMENT	\mathbf{OF}	HEALTH—BALTIMO
6505 /	OTT		OE	DEADH

4. 8.

	MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	
	65.5 CERTIFICATI	E OF DEATH Reg. Dist.	No. 82-83
>	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED);
gibl	COUNTY CAYYOLD MARYLAND	STATE MD. COUNTY HO	WAYD.
and legibly.	CITY (If outside corporate limits, write RURAL CENGTH OF STAY OR and give nearest town) TOWN NOSD BINE 5 7105.	CITY(If outside corporate limits, write RURAL a TOWN // Or GAN.	nd give nearest town)
clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (I	Day) (Year)
death	DECEASED: (Type or Print) SAYAH TANE	GOSNELL DEATH: JULY	14, 19-55
oř.	5. SEX. 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify) W. DONEO SEPT	17.1866 88 yrs. Months D	
causes	10A USUAL OCCUPATION (Give kind of the kind of the work done during most of working life. even if ggtiped)		COUNTRY WHAT
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	3,4.
e the	FYANK DAVIS	ANN DAVIS	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	9 W. SLADE
	(Yes, no, or unk.) (If Yes, give war or dates NONE	MY EZYAD GOSNELL- P	KESVILLED
please	18. MEDICAL CERTIFICAT	TION	INTERVAL BETYACEN
T.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
13:		seleratio Heart Disease	soverel years
Ciar	ANTECEDENT CAUSE (5)		
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
تب	(C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
ort	DISEASE OR CONDITION CAUSING DEATH.		
ďυ	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
.S			YES NO X

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

(County) 21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (State) OF INJURY street, office bidg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) While Not while at work at work 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

1956, that I last saw the deceased 22. I hereby certify that I attended the deceased from that death occurred at 6.25 P.M., from the causes and on the date stated above.

ADDRESS DATE SIGNED alive on . SIGNATURE

or (county) (City, town, (State) CREMATION, THEREOF

LOCAL

-10 - 53A15 VS. TYPE OR WRITE

PLEASE

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correct



CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Carr	Springfield Soll	tate Hospital.	2. USUAL RESIDENCE (F STATE Mar / land	IOME) OF DECEASE	D. COUNTY Allegany
K TOWN Syke sv:	orporate limits, write RURA	16 in this .25dys	TOWN Frustbur		L and give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES		State Hospital	STREET ADDRESS Conso	Village R.	F.D.# 2
3. NAME OF DECEASED (Type or Print)	(First) Lucinda		(Last) racie	OF DEATH Ju	.A. 10.00
Female	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	July 23-85	69 yrs.	If undar, I year If undar 24 hrs. Mooths. Days Hours Min.
done during most of w Housewife	ATION (Give kind of work porking life, even if retired)	IOD. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of Maryland		U.S.A. WHAT
13. FATHER'S NAM	John Parker		14. MOTHER'S MAIDEN Margaret	Parker	
15. Was DECRASED EV (Yes, no, or unknowo) NO	VER IN U.S. ARMED FORCES? (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	Mr. Robert Gra		ol Village RFD#2 band/FrostburgMd.
	ONDITIONS DIRECTLY L	18. MEDICAL CEI LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
49/X Immediate	e cause (a)Br	onchopneumonia			days
Anteccdent cause(s)					
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last					
 OTHER SIGNIFI Conditions contributed to the disea 	se or condition causing death	hronic Brain Synd ces.Cerebral arte	rome, with circul riosclerosis, wit	latory distu ch psychotic	rban- years reaction
19a. DATE OF OPE		INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJUI	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (C	OUNTY) (STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby certify that I attended the deceased from 2-9					
alive on. 7-4, 1955, and that death occurred a 9.28 p m., from the causes and on the date stated above. ADDRESS DATE SIGNED ADDRESS Pringfield State Hospital 7-4-55					
23. BURIAL, CREM. REMOVAL, Spec	ify) 0 9-1			OCATION (City town	
DATE REC'D BY	MUCAL REGISTRAR'S S	SIGNATURE TO JULY	7. FUNERAL DIRECTO	A. rolling	ADDIESS



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2411 N. Charles Street, Baltimore

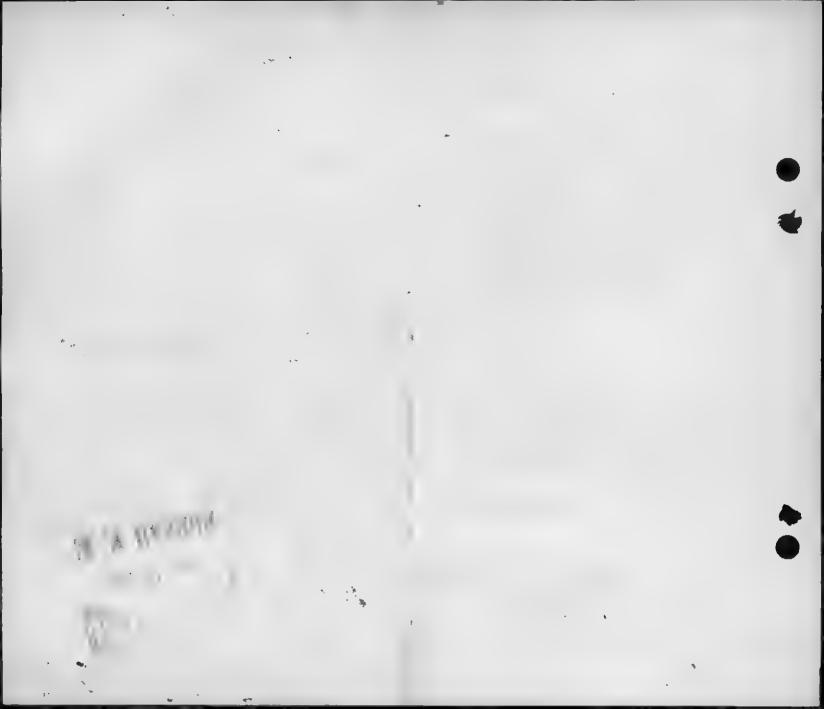
CEDTIFICATE OF DEATH

Item 10, FilmGlE5 8-22-55 e 4	E OF DEATH	Reg. Dist. No.	
T. PLACE OF DEATH- COUNTY PARTIES MARYLAND	2. USUAL RESIDENCE (HOME)	OF DECEASED.	Decent
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limi	ta, write RURAL and give n	nearest town)
HOSPITAL OR ALLIANTILL 50 YEARS INSTITUTION OR	TOWN COLUMN STREET ADDRESS	(If rural, give location)	7
3, NAME OF (Migt) (Middle)		ATE (Month) (Day) (Year)
(Type or Print) (6. COLOR OR RACE 7. SING. 1 M. RRIED.		EATH Alley Elant birthday If under 1 y	11 1953
WIDOWID TO OR ED, (Specily Wildows	July 18, 1889 J. BIKTHPLACE (State of foreign	yra. Months D	ays Hours Min,
Malleral Bright retired 15 4 O. P. R.	md.	200	UNTRY?
William Y. Hall	MANUE & HALDEN NAM	irison	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Vis., no. or neknown) (If yes, give war or dates of 16. O9-16/6	Mhs Clean Hair	ia. malle	cey me
18. MEDICAL GE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	I	NTERVAL BETWEEN
	y Ocelus		Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	dilis Cher	ou-	PR SPE SP - C 3AA, 473 A - "Volumble desim LO 2 SAM
(c) 11. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg, etc.)	(CITY OR TOWN)		Yes No (STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OCCUR!		ş*,
INJURY m. Work At work	Le solte Callery	10(-1-11)	.1 3
22. I hereby certify that I attended the deceased from	17 70 to to the same		
alive on 193, and that death occurred at	ADDRESS	s and on the date state	DATE SIGNED
23. HURIAL CREMATION DATE THEREOF NAME OF GENETE	ERY OR CRUMATORY LOCAT	ION (Oity, town, or county)	(State)
Burlat 7-14-55 Poplar	Strung Director	Har Springs	ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	C. M. Walte	Wenfield ?	nd.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every tem of information carefully is superially important. Physicians: Bease write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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VS. A15



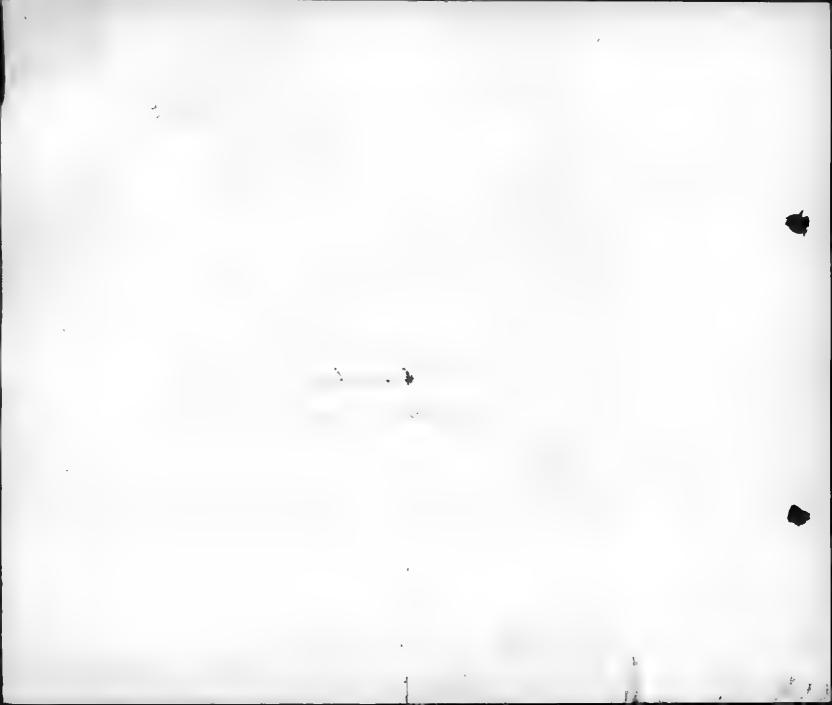


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CERTIFICATE OF DEATH

Reg. Dist. No.

L. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE I'd.
CITY (It outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	OR :
X TOWN Sykesville	TOWN DOLL O'LINUTE - SERVE - S
INSTITUTION OR	ADDRESS
96 STREET ADDRESS Pullum Mursing Home	162 E. 32nd St.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) ////an	DEATH July 10 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 brs. Months. Days Hours Min.
female white WIDOWED, DIVORCED. (Specify) SIDE e	July 7, 1882 73 ym.
In USHAL OCCUPATION (Give kind of work 10h, Kind or Business on	11. BIRTHPLACE (State or fereign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) INDUSTRY Who Lesale Grovery	Md .
18. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Rudge Hare	Mary Findley
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of 230 02 1.000 A	-Mrs. Helon L. Nay - 1621 E. 32nd St.
no service) 121,403-41,000 A	All S - He He Hay - Hozz - Hozz - Hay - Hozz - Hozz - Hay - Hozz - Hoz
18. MEDICAL CER	PTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
443X Crebed bear	when Oak Had House
Immediate cause (a)	MAN
Antecedent cause(8)	
The bla bearens	carles resula degree -
Diseases or conditions, if any, (b)	CADAGO //
stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS	•
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
IN DRIE OF OLDS	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.)	
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
While at Not While	HOW DID INVOISE GOODIN
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from M.A.Y	19.55, to
22. I hereby certify that I attended the deceased from ZV	, 15 W
alive on /0 , 19. 19. and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS : DATE SIGNED
Howard & Hall My	My Meanll, mg 10 mg 55
23. BURIAL, CREMATION DATE NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Cem. Balto. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	240 FUNERAL DIRECTOR ADDRESS
REG.	1 1/km Viakenest Veres - Dalto 17 1/4
//-//-)	MINNI- F. SMALL MANNING TO THE STATE OF THE



FUNERAL DIRECTOR

24.

REGISTRAR'S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0 65 Reg. Dist. No. COUNTY (If outside corporate limits, write RURAL and give nearest town) If rural give location) ain (Day) (Year) (Month) 19 9. AGE lost bigthday: If under I YEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? Interval Retween 20. AUTOPSY 7 Yes No P (COUNTY) (STATE) 19.J..., that I last saw the deceased from the causes and on the date stated above. DATE SIGNED LOCATION (City, town, or county) ADDRESS

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information carefully.

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every causes

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death

of

5. SEX:

, 195, to 3/ ly 22. I hereby certify that I attended the deceased from 31 and that death occurred at 8:15 PM, from the causes and on the date stated above. alive on .. 3 ADDRESS SIGNATURE DATE SIGNED 55

BURIAL, CREMATION. REMOVAL (SPECIFY) BURTAL

NAME OF CEMETERY OR CHEMA County Home

LOCATION (City, town, or county) Westminster. Md.

ADDRESS

DATE REC'D BY LOCAL REGISTRAR

24. FUNERAL DIRECTOR M. Waltz.

Winfield.Md.

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CERTIFICATE OF DEATH

1. PLACE OF DEATH.	1 2. USUAL RESIDENCE (HOME) OF DECRASED.
COUNTY Carroll MARYLAND	STATE Maryland County Wash.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Tykesville 2yrs Imo.	TOWN Hagerstown 21-03-2
HOSPITAL OR	STREET (If rural, give location)
TNOTITIETION OF	ADDRESS
STREET ADDRESS Springfield State Hospital	Unknown /
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) EUCA -	Hartsock DEATH S 8 19036
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months, Days Hours Min.
Female White WIDOWED, DIVORCED, (Specify) WIDOWED	Unknown Approx yrs. Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Maryland Country?
Housewife	14. MOTHER'S MAIDEN NAME
Phillip Mathias 16. Was DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Eleanor Stimmel
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or upknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS
service) service	Hospital records
	ERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
11010	1
Immediate cause (a) Osonche	one umoria, alle
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	en g gastrematered (duy
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deathwith cerebral ar	ated with circulatory disturbance 2 yrs. terio, with psychotic reaction. 20, AUTOPSY
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
*	Yes 🖈 No 🗓
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	, 19.53., to728, 1955, that I last saw the deceased
	3.30P. m., from the causes and on the date stated above. ADDRESS DATE SIGNED
flower (Hadbally.	pringfield State Hosp., Sykesville, 7-28-55
28. BURIAL, CREMATION DATE NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify)	Thirt am Fredericks Mg
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR/ ADDRESS
(REG. DG 16000 N M/2 41/1000	AK ladburgh Harry To





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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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	6511 CERTIFICATE	OF DEATH Reg. Dis	st. No.)6
ly and legibly.	COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY OR Rive hearest town) (in this place) TOWN COUNTY (in this place) HOSPITAL OR	STATE COUNTY COUNTY CITY(If outside corporate limits, write RURAL OR TOWN Pulches (If rural give location ADDRESS	and give nearest town)
write the causes of death clearly	work done during most of working life. Raulway Eccep. 13. FATHER'S NAME: Walter Hewitt 15. WAS DECEASED EVER IN U.S. ARMED FORCES! 15. SOCIAL SECURITY NO. 1	BIRTH: 9. AGE last birthdy Ir unoff Months	(Day) (Year) YEAR IF UNDER 24 HRS. Days Hours Min. CITIZEN OF WHAT COUNTRY?
Physinians: please	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	in Heart Frigms. tensing	INTERVAL TWEEN ONSET AND DEATH 6 WCMP
emecially important.	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER)		20. AUTOPSY? YES NO No No (State)
correct and is em	OF "INJURY M. While Not white at work at work	sampstray,	e stated above. ATE SIGNED

VS. A15-10-53

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Szol Szol MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY?

(County)

NO D

(State)

(State)

Reg. Dist. No.

3. NAME OF

5. SEX:

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_Eilm_G184 8-2-55 ams 1. PLACE OF DEATH:

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Carrow

IOA USUAL OCCUPATION (Give kind of,

and give nearest town)

CERTIFICATE OF DEATH

MARYLAND (If outside corporate limits, write RURAL) LENGTH OF STAY (in this piace) wys.

USUAL RESIDENCE (HOME) OF DECEASED:

STATE COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN

21c. WHERE DID (City or town)

STREET (If gural give location ADDRESS real 1301

(Middle) ouse (Last) (Month) DATE (Duy) (Year) DECEASED. LIZA bê. せっいしこ OF (Type or Print) DEATH 19 6. COLOR OR 17. SINGLE, MARRIED. B. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR , IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED. Months | Days Hours | (E) cuity) ?

BIRTHPLACE (State or foreign country): | 12. CITIZEN OF work done during most of working life. OR INDUSTRY: even if retired). Nouse will own Home Raltimore 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: W D MAL

KIND OF BUSINESS

IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 17. INFORMANT & ADDRESS: (Yes: no. or unk.) (If Yes, give war or dates of mervice)

18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Thrombosis

10B

IMMEDIATE CAUSE standing DUE TO cardiovascu] ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B)

GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH

19A, DATE OF OPERATION: 19s. MAJOR FINDINGS OF

21A. ACCIDENT WAS UNDERLYING | 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)

21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work

15 1955, to 22. I hereby certify that I attended the deceased from , that I last saw the deceased 1955, and that death occurred at 4.M, from the causes and on the date stated above. alive on

SIGNATURE ADDRESS DATE SIGNED

23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOYAL (SPECIFY) New Cathedral Baltimore, Maryland July 25. Burial ADDRESS

24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR Lilly & Zeiler Inc., 403 S. Wolfe St. rely

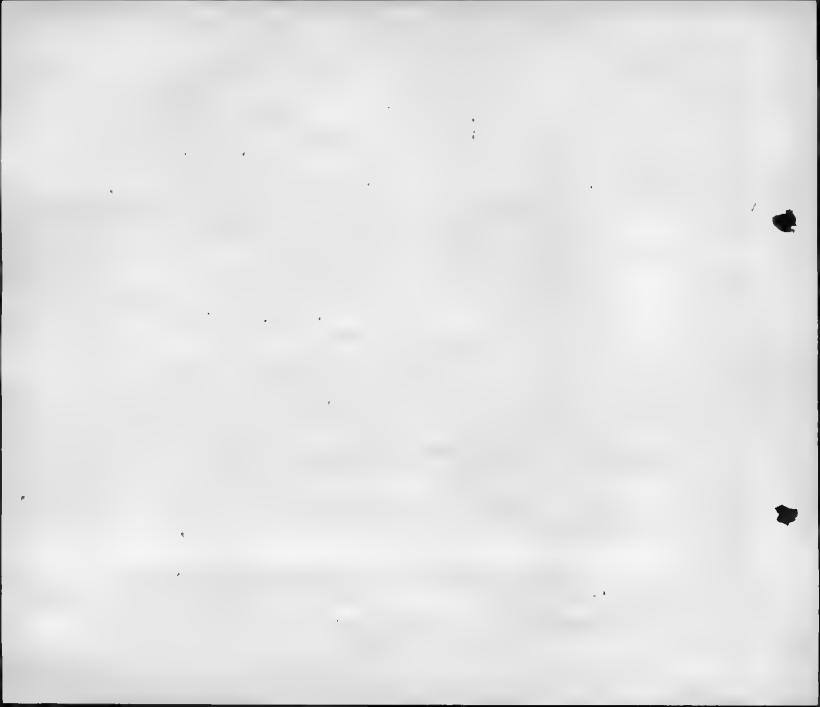
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4)	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	n tra EA
7. The	6514 CERTIFICATE OF DEATH Reg. Dist	. No.
elli V	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	D:
careful legibly		timore
tion c	CITY (If outside corporate limits, write RURAL or and give nearest town) Town Finksburg. LENGTH OF STAY (in this place) 12 hours CITY (If outside corporate limits, write RURAL or Town Reisterstown	ino give hearest tow
m of information carefully.	HOSPITAL OR INSTITUTION OR Finksburg Nursing Home STREET ADDRESS 101 Butler Road	
of in	DECEASED: John George Jeffers of DEATH. July	10, (Year) 10, 19 55
ite of	Male White (Specify: Married July 14, 10/1 (0) yrs	Pays Hours Min
pply every the causes	OA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) Physician OR INDUSTRY: General Medicine) Beltimore, Md. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	COUNTRY! U.S.A.
upp	George W. Jeffers Ann Catherine Pumphrey	
NG'INK, Su please write	18. WAS DECEASED EVEN IN U.S. ARMED FORCEST 18, SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 101	Butler Rd. terstown, M
JING"	18, MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
VFAL ians:	ANTECEDENT CAUSE (8) Cerebral hemorrhage	15 hours
WRITE PLAINLY, WITH UNFADING'INK. Supply every especially important. Physicians: please write the causes	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	4
AINLY, WI	n other significant conditions contributing to the death but not related to the disease or condition causing death. Diabetes	10 mos.
LAIN y imp	None None	20. AUTOPSYT
RITE PL	21A ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000 1000	(State)
	210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While Not while none none	
TYPE OR rect age is	22. I hereby certify that I attended the deceased from Dec. 15, 1945, to July 1,0955, that I last alive on July 10, 1955, and that death occurred at 30P M, from the causes and on the date SIGNATURE	
SE TYI		-11-55
PLEASE	23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or Burial 7/12/55 All Saints Cem. Reisterstow	county) (Stat
PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAC'S SIGNATURE RE	ADDRESS ALLO 17 M

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CERTIFICATE OF DEATH

1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-COUNTY Maryland Carroll CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) give nearest town) (in this place) TOWN Baltimore TOWN Sykesville ADDRESS 4020 Cranston Avenue State INSTITUTION OR STREET ADDRESS Springfield Hospita 3. NAME OF (First) (Lant) 4. DATE (Year) DECEASED Louis SINCIE, MARRIED, WIDOWED, DIVORCED, Justi DEATH (Type or Print) Charles 8. DATE OF BIRTH 9. AGE last birthday | If under, I year | If under 24 hrs 6. COLOR OR RACE Months. | Days | Hours | Min. (Specify)married 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State of foreign country) done during most of working life, even if retired)

DOOKKEEDET

13. FATHER'S NAME U-S-A INDUSTRY Maryland HUSD. 14. MOTHER'S MAIDEN NAME Mary Elizabeth Tickner Henry Justi 15. Was Decrased Ever In U.S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If year, give war or dates of Hospital Records unkn 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (a) ... Arteriosclerotic Cardiovascular Disease 1122 Immediate cause .years Antecedent cause(8) Diseases or conditions, if any, (b) Generalized Arterisclerosis vears giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Paranoid condition years 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE) 21. ACCIDENT SUICIDE (Specify) HOMICIDE HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) INJURY At work 22. I hereby certify that I attended the deceased from April 15, 1955 ., to July 9, ..., 1955., that I last saw the deceased ,....., 155 ..., and that death occurred at 5:15.....p.m., from the causes and on the date stated above. DATE SIGNED Springfield State Hospital
NAME OF CUMETERY OR CREMATORY | LOCATION (City, town, or county) Insthaus M' 23. BURIAL, CREMATION REMOVAL (Specify) Loudon Park Cem. Balto., Md. 7/12/55 Burial REGISTRAR'S SIGNATURE 24 FUNERAL BIRECTOR DATE REC'D BY LOCAL

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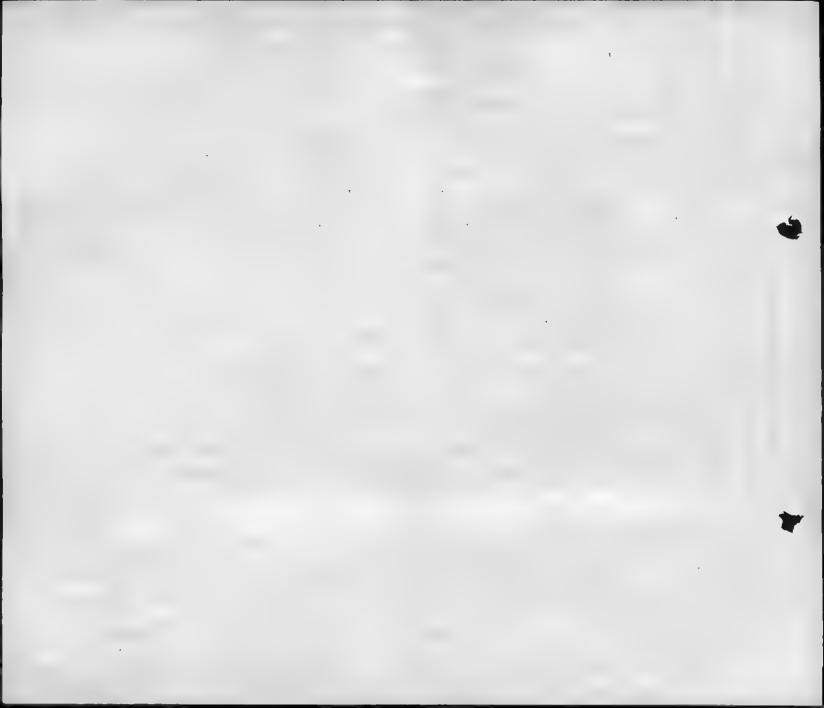
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Reg.	DIST.	MO

	CERTIFICATI	C OF DEATH Reg. Dist.	No				
oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED):				
뛾	COUNTY Carroll MARYLAND	state Maryland county					
Je	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE Namy and County	- 3 - 1				
פ	OR and give nearest town) (in this place)	I OR	nd give nearest town)				
E .	X TOWN Bural - Sykesville since 6/3/53	TOWN Baltimore City	3401-4				
2	HOSPITAL OR	STREET (If rural give location)					
death clearly and legibly	STREET ADDRESS Springfield State Hospital	ADDRESS 534 N. Decker AVE	WE V				
ಲ	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (1	Day) (Year)				
辛	(Type or Print) Robert KA	ANZLER BEATH July 2					
les			1000				
of c	RACE: WIDOWED, DIVORCED.	34-44-1					
	male white (Specify): married Januar	ry 14, 1902 53 yrs. Montas 2	ays Hours Min.				
9	10A USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT				
ä	work done during most of working life, even if retired);	16. 7. 1	COUNTRY				
2	blectrician!	Maryland United States					
the causes	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:					
42	William Kanzler	Sadie McElwee					
ite	18 WAS DECEASED EVER IN U.S. ARMED FORCEST 18 SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:					
*	(Yes, no, or unk.) (If Yes, give war or dates unknown	Records of Springfield State H	loonstol				
0	no LA of service) unationin	I usconde or obtanginera against	102 17.1027				
please write	18. MEDICAL CERTIFICATION						
Ď,	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
	332X		ONSET AND DEATH				
important. Physicians:	IMMEDIATE CAUSE (A) Bronchopne	eumonia	3 days				
62	DUE TO						
sic	DISEASES OR CONDITIONS, IF ANY. (B) Bilateral artery thrombosis in the brain						
Š	GIVING RISE TO THE ABOVE CAUSE OUR TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO						
E	STATING UNDERLYING CAUSE LAST						
نب	02.5 X (c)						
នា	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PSychosi	is with meningo-encephalitic	3 years				
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	syphilis	7 3 0				
ğ	19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION						
ir	TOUR DISTRIBUTION OF OFERATION		20. AUTOPSY?				
Þ.			YES MO				
especially	21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, fact	tory. 21c. WHERE DID (City or town) (Count	y) (State)				
Sci	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?						
ž	(IF EITHER, NOTIFY MEDICAL-EXAMINER)						
ě	OF INJURY While Not while	217. HOW DID INJURY OCCUR?					
97	M. at work -at-work	to the same of the					
94	22. I hereby certify that I attended the deceased from June 30, 1953, to July 29 1955, that I last saw the deceased						
60							
	alive on July 29, 1955, and that death occurred at 5:00AM, from the causes and on the date stated above.						
Sec.	SIGNATURE		E SIGNED				
correct	mach om klartin Gross, M	. D. Sykesville, Karyland 7/	29/55				
5	23. BURIAL, CREMATION, DATE THEREOF , NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or	county) (State)				
	Rivial Avr. 1, 1955 Rai timor	Remetery Ral tim no, Nar	wland				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Tohn A Foren-3000 E. Palt	A APPRESS St.				

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VS. A15-10-53



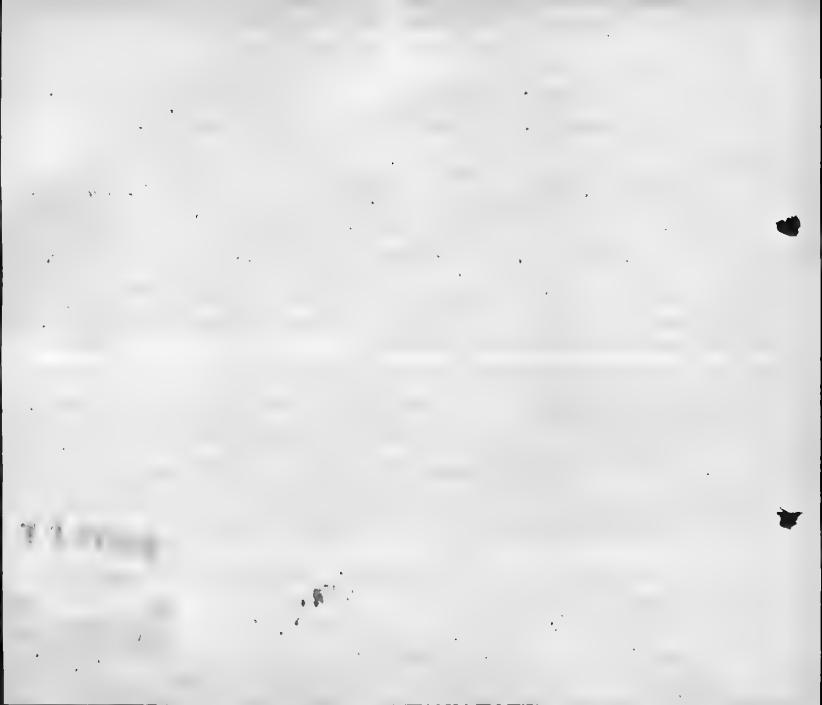
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS. A15-10-53

		5513	CERTIFICATI	E OF DEATH	Reg. Dist.	No. 77
carefully	caretumy legibly.	1. PLACE OF DEATH-		2. USUAL RESIDENCE	0.	11
	and leg	COUNTY CITY (If outside corporate limits, write OR and girls nearly town) Y TOWN	MARYLAND RURAL LENGTH OF STAY (in this place)	TOWN O	COUNTY (R) at limits, write RURAL at	
information	clearly	HOSPITAL R INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give location)	/
_ *	death c	3. NAME OF DECEASED: (First) (First)	- %	eller 4.	DATE (Month) (DOF DEATH:	(Year) (Year) 74 1955
w item	te the causes of	Specif	WED. DIVORCED.	10. 1874	yrs.	Hours Mln.
		even if retired);	OR INDUSTRY:	11. BIRTHPLACE (State of	7	S. A.
Supply		Jonathan M. O	wings	anna Releas	a form	und
INK.	e wri	(Yes, no, or unk.) (If Yes, give war or dates	none	Mrs Hona La	man- Hand	baville, my
ADING	correct age is especially important. Physicians: pl	I DISEASES OR CONDITIONS DIRECTL				INTERVAL BETWEEN ONSET AND DEATH
UNFA		IMMEDIATE CAUSE ANTECEDENT CAUSE (6'	DUE TO	l apoplery		2 days
J HTI		DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO	Lawr Koga		2 days
Y, W		II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T	O THE	and anthonis	eleroni	20 year
WRITE PLAINE		19A. DATE OF OPERATION: 19B. MAJO	R FINDINGS OF OPERATION	V		20. AUTOPSY1
		21A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	etc. INJURY OCCUR?	City or town) (County	(State)
		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work	21F. HOW DID INJUR	Y OCCUR?	
PE OR		22. I hereby certify that I attended alive on 7.44 24, 1955, a	the deceased from July nd that death occurred at		4, 1955, that I last ses and on the date s	
E TYP		Bertiand R. Ga	Lee_ M	D. SYKESVILL	= hol	7-25-55
I.E.A.S.		23. BURIAL, CREMATION, DATE THER	2.55 Bail	e n	Mew Wender	v. med.
0		DATE REC'D BY LOCAL REGISTRAF	R'S SIGNATURE	24 FUNERAL DIRECT	Un and A	ADDRESS



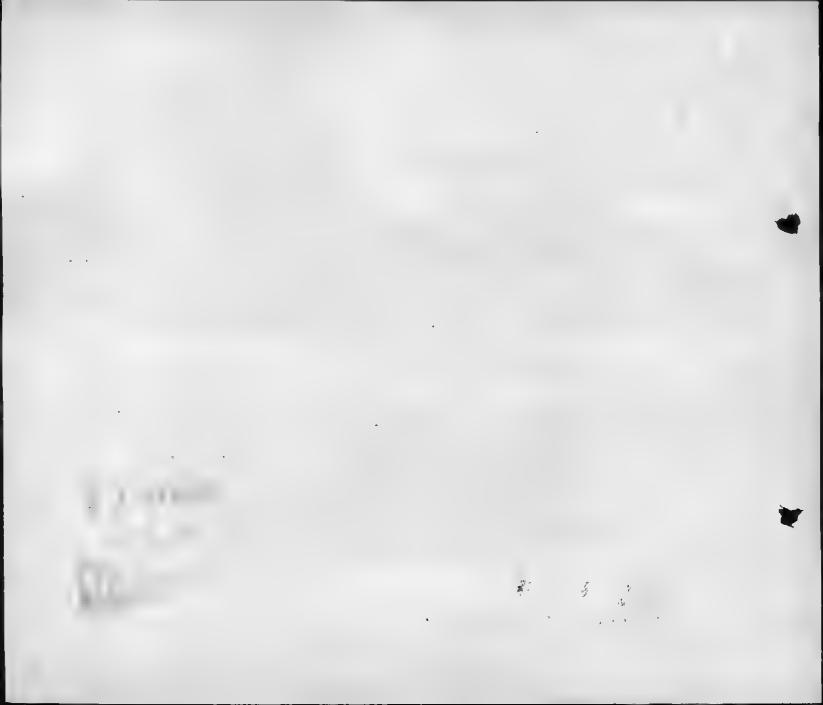
24. FUNERAL DIRECTOR

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DATE REC'D BY LOCAL

-REGISTRAR



MARYLAND STATE DEPARTMENT OF HEALTH

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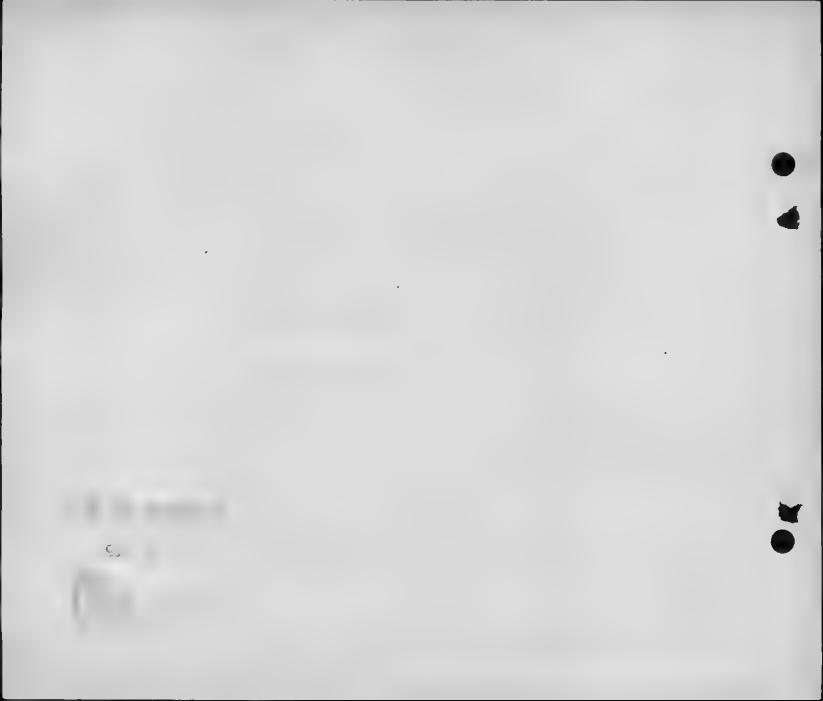
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CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

9		2 62414114 (2 14346)	Keg. Dist. N	09
Ę	L. PLACE OF DEATH.	2. LISUAL RESIDENCE (H	OME) OF DECEASED.	Y . /
> .	MARYLAND -GITY III outside corporate limits, write RURAL and LENGTH OF STAY	(17 M	*	. 16
ibl	V TOWN give nearest town? (in this place)	I) OK	e limits write RURAL and gl	ve nearest town)
are leg	HOSPITALOR	TOWN.	(If rural, give location)	/
nd c	INSTITUTION OR OD STREET ADDRESS	ADDRESS	(ar raimr, give rocation)	/
V a	3. NAME OF (First) (Middle)	(Lest)	4. DATE (Month)	(Day) (Year)
ma	(Type or Print) C HARLES C	EMMON/	OF DEATH Pucces	10 1957
of information carefull death clearly and legibly	6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF, BIRTH	AGE last birthday Il under Months	
of	10a. HSUAL OCCUPATION (Give kind of work 10h. Kind of Business of	II BIRTEPLACE (State or	foreign country) 1	2. CITIZEN OF/WHAT
item es of c	dorie during most of working life even if retired) INDUSTRY	, , , , , , , , , , , , , , , , , , , ,		COUNTRYT
. it	12. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
ап	16 Was Dromaged Vilou to 120 Am F Dromaged			,
Supply every item write the causes of	16. WAS DECEASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no, or unknown) (If yes. glys wat or dates of	17. INFORMANT AND AD	DRESS (
ply e th	- 1 " () () () () () () () () () (DOLLAR PRODUCTION		
up /rit		RTIFICATION		INTERVAL BETWEEN
o o	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			ONBET AND DEATH
INK. please	976 Immediate cause (a) GUNSHOT WOL	LND SF LHE	57	Thurst
UNFADING IL t. Physicians: p	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause		▼	
DT1	etating the underlying cause last			
FA	II. OTHER SIGNIFICANT CONDITIONS			
Zª.	Conditions contributing to the death but not			
	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
TT				
with Unimportant.	21. EXTERNAL CAUSE WAS PRIMARY & OR CONTRIBUTING OF office bldg., etc.) (AUSE OF DEATH.	2 (CITY OR TO	OWN) COUNTY	Yes No DY (STATE)
× =	CAUSE OF DEATH. OF office bldg., etc.)	7 les uns	or teamed	w Tich
He	TIME (Month) (Day) (Year) (Hugh) INTIDY OCCUPATE	HOW DID INJURY OCC		
LAINLY especially	OF INJURY 7 - 10 - SS 12:10 While at Not while INJURY 7 - 10 - SS 12:10 While at Not while at work S	SHOT GUN J	VOUND	
PLAINLY especially	22. I certify that I took charge of the remains described above, held an A	utonsu Inspection	Thousen 4-Thereon and	from the evidence
<u>.</u>	origined by sile Autodsy, inspection of inquiry, find that said dece	used died on the day stated	abore, and death in my	opinion resulted
	from: natural causes , accident [], suicide homicide , 'SIGNATURE (Degree or thie)	undetermined ADDRESS		DAME DIGINOS
WRI	1 11 11 2	/		DATE SIGNED
	sames I Morch Repuly / medical ix			1-16-00
ASE	AND HOVEL Specify		CATION (City, town, or coun	ty) ¿(State)
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ray 4- Meny	ADDRESS.
<u>a</u>	Part 11-1815 (Danis 2-18)	A CHERRE DIRECTOR	* 1	ADDRESS
	# of The Transite			4.



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6520

CERTIFICATE OF DEATH

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6520	CERTIFICATE	OF DEAT	PH Reg.	Dist. No.7J
I. PLACE OF DEATH:	2	USUAL RESIDENC	E (HOME) OF DECEASE	ED:
Carall			1	Pa 11
COUNTY CITY (If outside corporate limits, wr	MARYLAND	STATE CITY (II autoide		AL and give nearest town)
OR and give nearest town	(in this place)	0	orporate limits, write non	WIT Blid Bive nearest coalth
1 // whitester	2 3 yrs	TOWN	ranchesse	v. X
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	If rural give los	cation)
O STREET ADDRESS Zane	cer-musing Haine	9	Church &	7
3. NAME OF DECEASED: (First)	(Middle) (L	ast)	I. DATE (Month)	(Day) (Year)
(Type or Print)	7 E GII	OPY	OF DEATH: 7 -	17 1955
5. SEX: S. COLOR OR 7. SIM	GLE, MARRIED, 8. DATE OF	BIRTH: 9.	AGE last birthday: IF UND	ER I YEAR IP UNDER 24 HRS.
	DOWED, DIVORCED, L. 1/2	7/69	G 17 yrs. Month	Days Hours Min.
10a. USUAL OCCUPATION. Give kind of	1 10b. KIND OF BUSINESS OR	AL BURTHPLACE (S	state or foreign country):	12. CITIZEN OF WHAT
work done during most of working life even if retired):	INDUSTRY:	Parent	10- 1	COUNTRY?
IS. FATHER'S NAME:	21 aron name	MOTHER'S MAIDE	N NAME:	P. O. J.F
1: to 1		. 1		
Christian Ar	in	mue	Nasna	tal
15 Was DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or dates	es? 16. Social Security No.: 17. IN	FURMANT & ADDR	ESS: mane	legter my
no service)	mane Ha	my depos	N 204 Month	11-
	18. MEDICAL CERTIFICATION	0	+ 1	Interval Between
1. DISEASES OR CONDITIONS DIREC	TLY LEADING TO DEATH	1	01 ,0	Onset And Death
263X	(a) anteriore	Cenalic	Hant Perso	2 5 yrs
Immediate cause	UE TO			
Antecedent causes (s)	Dishot	0		5 yrs
Diseases or conditions, if any, giving rise to the above cause	(b)	·	1001 A V1 V	
stating the underlying cause last. Di	OE TO			
II. OTHER SIGNIFICANT CONDITIONS	(c)			
Conditions contributing to the death by				
related to the disease or condition caus		<u> </u>		20. AUTOPSY ?
				Yes No L
21. ACCIDENT (Specify) PI	LACE (Home, farm, factory, street,	(CITY OR TOWN)	(COUNTY)	(STATE)
SUICIDE OI IN	JURY office bldg., etc.)			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY	OCCUR ?	
OF INJURY m	While at Not While Work At Work	1		
22. I hereby certify that I attended	the deceased from 3 / 2/	1948, to 7/1.7	1955 that I	last saw the deceased
01.4		0101	•	
SIGNATURE	d that death occurred at	ADDR	he causes and on the	DATE SIGNED
WH. Frommel	MP	AN Chent	0- 110	7/17/51
23. SURIAL, CREMATION, DATE THE	REOF NAME OF CEMETERY	OR CREMATORY	LOCATION (City, town,	or county) (State)
REMOVAL (Specify) 17/20	1.5.5 · Medseen and os	week lan	marcheste	Canalles for
DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE 24	JUNERAL DIRECT	OF O	// ADDRESS
110-22 MJO	Weldenner 1	· Magnist	2 Ducker.	Mangrowa

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(Year)

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Hours

COUNTRY?

USA

Md.

Interval Between

Onset And, Death

20. AUTOPSY I

Yes No II-

(STATE)

DATE SIGNED

Westminster, Md.

7-18-55

Md.

ADDRESS

124. FUNERAL DIRECTOR

John R. Byers

COUNTY

(Day)

16

Days

Months

REGISTRAR'S SIGNATURE



MARGIN RESERVED FOR BINDING

PLEA

DATE REC'D BY LOCAL

REGISTRAR

Sabi 07.

CERTIFICATE OF DEATH

Reg. Dist. No. >6....

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
5	COUNTY & Diel C. MARYLAND	STATE MASSAGE COUNTY	TY Ca 2241
legibly	CITY (If outside corporate limits, write RURAL, LENGTH OF STAY	CITY (If outside corporate limits, write RURAL an	
le	TOWN (in this place)	TOWN West resemble	27
and	HOSPITAL OR INSTITUTION OR 7	STREET ADDRESS (If rural give location)	- /
	9) STREET ADDRESS MEGGAS (Key Myong & My	31 hestmalle	ed St
clearly	3. NAME OF DECEASED: (First) ARRIET MATILDA	(Lsst) 4. DATE (Month) (Day OF DEATH: JULY //	(Year)
	5. SEK: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE	CAR) IF UNDER 24 HRS.
death	RACE: WIDOWED, DIVORCED, (Specify): in Thomas Main	1 /8 /877 77 yrs. Months Da	ys Hours Min.
of	104. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF work done during most of working life.		ITIZEN OF WHAT
an an	even if retired) Tripped - 4 th	Currello Med. 1	1-5-4.
cause	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	1 lett-1 , Belylon	INFORMANT & ADDRESS:	
the	15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes/no, or unk.) (If Yes, give war or dates of service)	INFORMANT & ADDRESS:	20-1
write	V//	10,7. Hurs, Winnesses	wa.
8	18. MEDICAL CERTIFICATI 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON /	Interval Between
please	Garah.	Margare Car St. C	Onset And Death
ple	Immediate cause (a)	J.P.S CULCY.	a non
<i>(/</i>)	Antecedent causes (s)	Kense miea.	1/001-
ian	giving rise to the above cause stating the underlying cause last. DUE TO	Cente Ories	Judia.
zic	(c)		
Physicians	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
	related to the disease or condition causing death,		
tar	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
important.	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	(CITY OR TOWN) (COUNTY) (S	TATE)
	HOMICIDE INJURY office bldg., etc.)		
especially	OF (Month) (Day) (Year) (Ilour) INJURY OCCURBED While at Not While .	HOW DID INJURY OCCUR?	
cia	INJURY m. Work At Work	110	
Sp	22. I hereby certify that I attended the deceased from . 8./14.	,19 1, to 7/, 19 1, that I last	saw the deceased
20	alive on, 19, and that death occurred at	from the causes and on the date s	stated above. TE SIGNED /
95	Excellen Moulton MO	wesominster me	7/12/11
62	REMOVAL (Specify) DATE THEREOF NAME OR CEMETER	RY OR CREMATORY LOCATION (City, town, or cou	inty) (State)
	Shirt 1/14/55 Mairo	20 FUNERAL DIRECTOR LA WEST HOUSE	diministration.
	REGISTRAR	I E Marilla In liverture	-T n-6

VS. A15

information carefully. The

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of

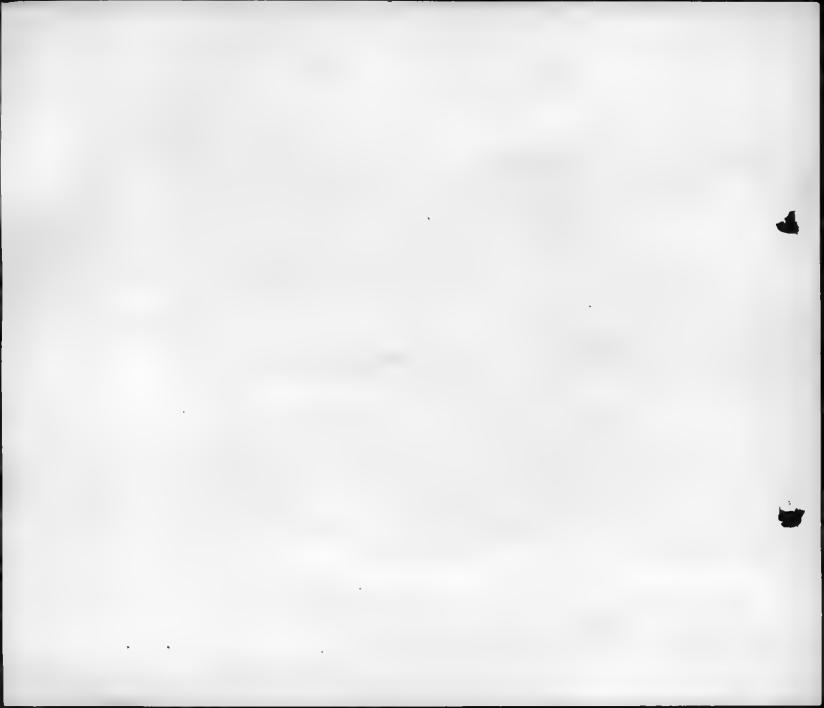
MARGIN RESERVED FOR BINDING

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6524

CERTIFICATE OF DEATH Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY CARROLL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland	
CITY If outside corporate limits, write RURAL and LENGTH OF STAY OR give peacest town) TOWN RUTAL - Sykesville 21, 12 M, 15D	CITY (If outside corporate limits, write RURAL and give OR TOWN MIKNOWN Baltimore City	
HOSPITAL OR Springfield State Hospital	STREET unknown (If rural, give location)	1
3. NAME OF (First) (Middle) DECEASED William Jones	(Last) 4. DATE (Month) OF OF DEATH 7	(D: (Year) 20, 1\$5.
6. SEX Male 6. COLOR OR RACE Widowed, MARRIED, Widowed, Divorced, (Specify) Single	6/12/71 8 ym.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work lob. Kind of Business of Clerk (rtd) Savings Bnk of Bal	to Maryland	COUNTRY? USA
Thomas H. Morris	Sallie H. Jones	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If year, give war or dates of none	Record, Springfield State Hospi	ital
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a)	ilusion ,	INTERVAL BETWEEN ONSET AND DEATH MANUALLY I RUSLY
Antecedent cause(8) Diseases or conditions, if any, (b) The giving rise to the above cause	reartAisease	Years.
II. OTHER SIGNIFICANT CONDITIONS	osis, inactive	years
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	ve reaction, manic phase	24 yrs/
p e		Yes No 🎗
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/1/54	, 19, to7/20 , 19.55, that I last so	
alive on	ADDRESS SEA STATES AND THE date str	7/19/55
REMOVAL Specify) 7/22/55 Green Mount		
DATE REC'T BY LOCAL REGISTRAR'S SIGNATURE	217 FUNERAL DIRICTOR	ADDRESS



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SERV	INK.	please
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	WITH	ortant.
)	NLY,	y imp
	PLAI	pecial
	SE WRITE	age is especial
	PLEASE WRITE PLAI	S

VS. A15

6525 CERTIFICAT	E OF DEATH Reg. Dist.	No. 26.
I. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY CANALL C. MARYLAND	man marala /	-Para-11
CITY (If outside corporate limits, write RURAL LENGTH OF STA)	Y CITY (If outside corporate limits, write RURAL an	d give nearest town)
TOWN (in this place)	TOWN Cural break	-L DAY
JIOSPITAL OR	STREET (If rural give location)	solle 147
INSTITUTION OR STREET ADDRESS PO	ADDRESS Zegan + 1/2/1/	^
- reason racing	an and valley	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (DAY)	
(Type or Print) 5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE	DEATH: DEATH: 19. AGE last birthday: If UNDERT YE	2 19 J J
MOL. RACE: WIDOWED, DIVORCED, (Specify):	2 (1003 72 yrs. Months Da	
while married Jer	OR II. BIRTHPLACE (State or foreign country): 12. C	THEFT OF WHAT
work done during most of working life INDUSTRY:	DA // // Da /	OUNTRY?
13. FATHER'S NAME:	16. MOTHER'S MARDEN NAME:	4.4.4.
9/ 5	11. MOTHER'S MATHER NAME!	,
15 WAS DECEASED EVER IN U.S. ARMED FORCES #6. SOCIAL SECURITY No.: 17	7. INFORMANT ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of	A DO	DA-Us
1 service)	No D. K. Mylor Wolmmoler !	1242
18. MEDICAL CERTIFICAT	MON /	Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1/2 8	Onset And Death
Immediate cause (a) legelistic	Semorpage	march 9
Antecedent causes (s)	myacarding,	1901
Diseases or conditions, if any, giving rise to the above cause (b)	sear + writeselectuses	6910
stating the underlying cause last. DUE TO		
(c)		[
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
1) MAJOR PHONGS OF GERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	et. (CITY OR TOWN) (COUNTY) (S'	TATE)
SUICIDE OF Office bldg., etc.) INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At Work		
22. Inhereby certify that I attended the deceased from Musel	19.1951., to tuly 9., 19.50, that I last:	saw the deceased
		stated above.
SIGNATURE (Degree or title)	ADDRESS	TE SIGNED
23. BURJAL, CREMATION, ADAZE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, sown, or cou	y $9-1955$
REMOVAL ASpecify) July 12, 5 Plans T	Callander Planet The	Carrell mis
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR -55 Hamit Mulley	1 L. E. Musino Ja Westminen	to med
	7	



MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

MARTLAND STATE DEP	ARTMENT OF HEALTH	
6526 CERTIFICAT	'E OF DEATH	
FOR MEDICAL		No. 26
I. PLACE OF DEATH- COUNTY GAPT Off MARYLAND	2. USCAT RESIDENCE (HOME) OF DECEASED.	ry
CITY (Il outside corporate limits, write RURAL and LENGTH OF STAY OR give/pearest-town)	CITY (Required corporate line'ts, write RURAL and g	
HOSPITAL OR INSTITUTION OR STREET ADDRESS LESSIANT Valley	STRUET ADDRESS Presen 1 all	ing /
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIPTH 9. AGE last birth 2. Agel	r I year Hunder 24 hr s Days Hours Min
10a. USUAL OCCUPATION (Give kind of work) 10b. Kind of Business on	-1-12.6-18771 61 ym.	12. CITIZEN OF WHA
done during most of working life, even lightered INDUSTRY 13. FATHER'S NAME	I md.	COUNTRY?
I evi myers	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, Ro, or unknown) (If yes, give war or dates of 2/9-20-04/3 8	Pike Myer We Tries R	P. J
18. MEDICAL CE		1.00
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEE
Immediate cause (s)	i celusion	munt
Antecedent cause(s) Diseases or conditions, if any, (b)		THE OF THE PARTY OF ASSESSED IN C. ASSESSED ASSESSED.
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing in the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
The Example of the state of the		Yes No X
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Of office bidg., etc.) CAUSE OF DEATH.	(COUNT)	Y) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. Work at work	HOW DID INJURY OCCUR!	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deced	ntopsy , Inspection & Inquiry & thereon and	from the evidence
Prom: natural causes X, accident , suicide , homicide ,	ised died on the day stated above, and death in my undetermined $\underline{}$.	opinion resulted
SIGNATURE (Degree orgitale)	, ADDRESS-	DATE SIGNED
There of the state	relume has the	7/28/51
Warrant Specify) Sielw 30 1917 (1/1 april 1)	RY OR CREMATORY LOCATION (City, town, or cou	(State) (State)
DATE REC'D BY LOCAL & REGISTRAR'S SIGNATURE .	24 FUNERAL DIRECTOR	ADDRESS

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The correct age

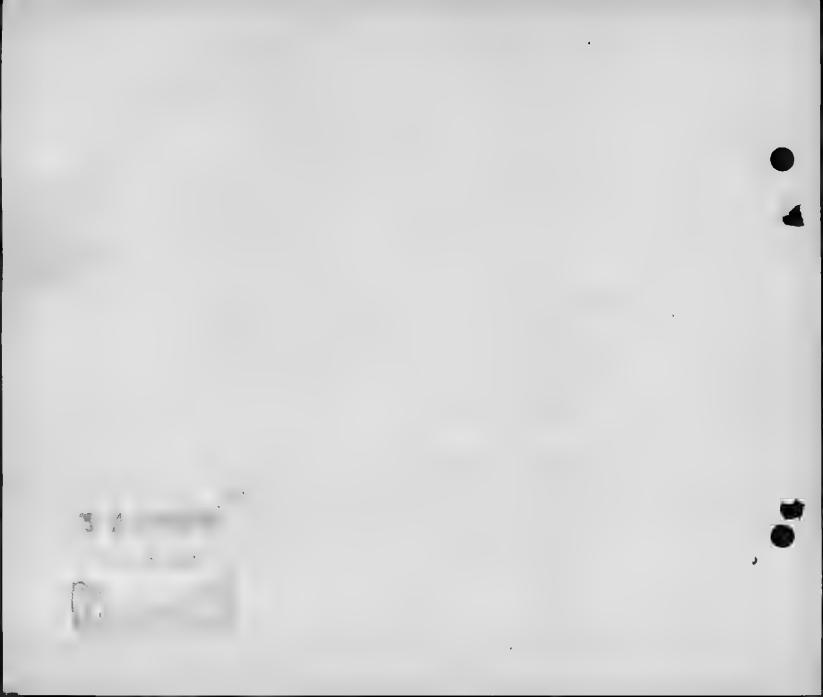
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

06532

CERTIFICATE OF DEATH

9		FOR MEDICAL	EAAMINERS	Reg. Dist. N	υ
y. Th	1. PLACE OF DEATH-	MARYLAND	2. USUAL RESIDENCE (I	COUNT	
of information carefully death clearly and legibly.	CATY (If outside corporate limits, write RUR. AR ities nearest fown) TOVN HOSPICAL OR	AL and LENGTH OF STAY (in this place)	TOWN) (eu	te limits, write RURAL and gr	ve nearest town)
on ca	INSTITUTION OR STREET ADDRESS	/	STREET ADDRESS	(If rural, give location)	/
rmati	3. NAME OF DECEASED (F.ret) CEO R GE 5. SEX 6. COLOR OF BACE	FRANKLIN	LETRY	4. DATE (Month) OF DEATH 7	(Day) (Year)
f infoath cl	wale weletes	7. SINGLE, MARRIED, WIDOWED DIVORCED	2/26/1903	9. AGE last birthday II under Months	Days Hours Min.
item o	10a. USUAL OCCUPATION tilve kind of work done during most of working life, won if retired) 13. FATHER'S NAME	10b. KIND OF BUSINESS OR INDUSTRY	MANUE (State of	end	2. CITIZEN OF WHAT
every item	15. WAS DECRASED EVER IN U.S. ARREST FORCES	7 16. Social Security No.	14. MOTHER'S MANDEN	/-	
oly ev	(Yes, no, or unknown) (If yes, give war or dates of service)	218-32-3451	Hare tank	May Lind	soc fil
Supply write the	1. DISEASES OR CONDITIONS DIRECTLY	I8. MEDICAL CEI LEADING TO DEATH	RTIPICATION		INTERVAL BETWEEN ONSET AND DEATH
INK. please	H20./ Immediate cause (a)	" into one only	Meinen	and the same of the same of	See . 13.
N.G. 1	giving rise to the above cause	corrang a	by dina		Tele
WITH UNFADING	otating the underlying cause last (c) 11. OTHER SIGNIFICANT CONDITIONS				
nt. P	Conditions contributing to the death but not related to the disease or condition causing deat 19a. DATE OF OPERATION 19b. MAJOR F	h.			A CO A TIMO DOLLA
WITH		CE (Home, farm, /actory, street,	(CITY OR T	OWN) (COUNTY	Yes No O
	PRIMARY OR CONTRIBUTING OF CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour)	office bldg., etc.)	HOW DID INJURY OCC		(31A10)
PLAINL especiall	OF INJURY m.	While at Not while work at work			
WRITE PLAINLY is especially	22. I certify that I look charge of the rema- obtained by said Autopsy, Inspertion or from: notural causes , accident	ins described above, held an A Inquiry, find that said decea	ulopsy , Inspection prized died on the dry states	Inquiry thereon and dabove, and death in my	from the evidence opinion resulted
VRIT	SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
	23. BURIAL, CREMATION DATE THEREO	NAME OF CEMETER	OR CREMATORY L	OCATION (City, town, or coun	ty) (Septe)
PLEASE	DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE CONTRACTOR	24 FUNERAL DESECTO	cercol our	ADDRESS
	REG July 7,1255 Crain	simplet E	Jan He	regiere to 10	rivi
	V		11:10 40	ciosor, 10	w.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH

LEAGE OF LEATH COUNTY C		E OI DESILET R	eg. Dist. No
CITY (II obtaide corporate limits, write RURAL and LENGTH OF STAY OR STREET LOWN) ON THE STATE OF THE PROPERTY OF STAY OR STREET LOWN) HOSPITAL DE LENGTH OF STAY OR STREET LOWN) INSTITUTION OR STREET LOWN I LEAST COLOR OR RACE I SINGLE MARKED I LEAST COLOR OR RACE I SINGLE MARKED I LEAST COLOR OR RACE I SINGLE MARKED I LEAST COLOR OR RACE I LEAST COLOR		2. USUAL RESIDENCE (HOME) OF DECE	
OR TOWN HAMPS AND	MARYLAND MARYLAND	Ind	Krarenell
HOSPITAL OR INSTITUTED OF STREET ADDRESS INSTITUTED TO THE STREET STREET ADDRESS INSTITUTED OF STREET STREET ADDRESS INSTITUTED OF STREET STRE	OR Thy pearest fown	I ON WITH THE PARTY OF THE PART	JRAL and give nearest town)
STREET ADDRESS S. NAME OF DECEASED (Figst) (Mildir) (Last) (DATE (Month) (Day) (Year) DECEASED (Type of Pital) (DATE (Month) (Day) (Year) SEX S. COLOR OR RACE (S. SINGLE, MARRIED (MONTH) (DATE (Month) (Day) (Year) J. SEX (S. COLOR OR RACE (S. SINGLE, MARRIED (MONTH) (MARRIED (MARRIED (MONTH) (MARRIED (MONTH	HOSPITAL OR	STREET (If rural, giv	/e location)
DECEASED Type of Pints Color or race Fishing Color	STREET ADDRESS	ADDRESS Coppered (PD. mol.
S. SEX 6. COLOR OR RACE 1. SINGLE, MARRIED. 10a. USUAL OCCUPATION (Give kind of work done during most physicing life, ayon if retired) 10a. USUAL OCCUPATION (Give kind of work done during most physicing life, ayon if retired) 11b. EIND OF USUALSO OF 11b. EIN OF USUALSO O	DECEASED CO	AD L OF	1.00
10a. USUAL OCCUPATION (Give kind of work done during most object from the cause and on the date stated above. 10a. USUAL OCCUPATION (Give kind of work done during most object from the during most o	5 SEY /) & COLOR OF PACE LE SINGLE MARRIED		dy , If under 1 year If under 24 hr
13. FATHER'S NAME 14. MOTER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS 17. INFORMANT AND ADDRESS 18. MEDICAL CERTIFICATION 18. MEDICAL CERTIFICATION 19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 19. DATE SIGNIFICANT CUNDITIONS 19. DATE OF OPERATION 20. AUTOPSYT 19. DATE OF OPERATION 21. ACCIDENT (Specify) 21. ACCIDENT (Specify) 22. AUTOPSYT TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED 19. DATE OF OPERATION 22. I hereby certify that I attended the deceased from Males. 1945., to Intale 3., 1952., that I last saw the deceased alive on Information and the death shove.	(Specify) Highligh	1888-3-18 67	
13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARNED FORCES? 16. SOCIAL SECURITY NO. 17. JAPORNIANT AND ADDRESS (It) yes, no, or unknown) (It) yes, pressor dates of 220-34-6665 Sallie, Respectively. Paper or dates of 220-34-6665 Sallie, Respectively. Paper of 220-34-6665 Sallie, Respectively. Paper or dates of 220-34-6665 Sallie, Respectively. Res	done during most of working life, eyon if retired) 10b. Kind of Business Or Indian Control of Business Or Indian Control of Control	11. BIN IPLACE (State or foreign ountry)	12. ITIZEN OF WHAT
15. WAS DECRAPED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS I. WEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause Antecedent cause(s) Appendix of the document of the property of the above cause stating the underlying cause last of the above cause stating the underlying cause last of the document of the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	2 VEA
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Conserved Promotoses (a) Conserved Promotoses (a) Conditions continuing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 22. I hereby certify that I attended the deceased from Malor, a twork of the causes and on the date stated above.	Stranklin Ource, Koops		Dond
Inmediate cause Antecedent cause(s) Diseases or conditions, if any product of the state of the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CUNDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) HOMICIDE (Specify) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	(Yes, no, or unknown) (II yes, give year, or dates of		e) repherco Ind
Inmediate cause (a) Corocare Frombodes Antecedent cause(s) Conditions, if any, giving rise to the above cause stating the underlying cause last (b) Conditions contributing to the death but not related to the disease or condition causing death. (c) Conditions contributing to the death but not related to the disease or condition causing death. (d) PLACE (Home, farm, factory, street, giving in the cause last of office hidg., etc.) (EITY OR TOWN) (COUNTY) (STATE) TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not Whi		RTIFICATION	I I I I I I I I I I I I I I I I I I I
Antecedent cause (s) Repeated of the state o	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	PN ,	
Diseases or conditions, if any giving rise to the above cause stating the underlying cause last (c) Stream out 1 to	Immediate cause (a) Doroncarep	Thrombodes	Sudden
giving rise to the above cause stating the underlying cause last (c) Stressions (c) Particle (c		=10 - · · Ration	1) 1210-1-0
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY TIME (Month) (Day) (Year) (Hour) While at Not While Mork At work 195. 195. 195. 195. 195. 195. 195. 195.	giving rise to the above cause	- Commission william	R. J. Gear
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) SUICIDE HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Work At work 100 More At work 100	(c) Strenger	party Optobia - Sa	Daniel an Mrs
20. AUTOPSY? 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY (Morth) (Day) (Year) (Hour) Work At work 19.50., to 22. I hereby certify that I attended the deceased from 22. I hereby certify that I attended the deceased from 22. I hereby certify that I attended the deceased from 22. Injury (STATE) (CITY OR TOWN) (COUNTY) (STATE) 19.50., that I last saw the deceased alive on 22. I hereby certify that I attended the deceased from 22. Injury (STATE) (CITY OR TOWN) (COUNTY) (STATE) 22. I hereby certify that I attended the deceased from 22. Injury (STATE) (CITY OR TOWN) (COUNTY) (STATE)	Conditions contributing to the death but not		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While At work 22. I hereby certify that I attended the deceased from Male 3. 19.55, that I last saw the deceased alive on Male 3, 19.55, and that death occurred at 2			1 20 ATTORGY
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE HOMICIDE OF office hidg., etc.) INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While of INJURY To the control of that I attended the deceased from Male 3			
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at	SUICIDE OF office hldg., etc.)	(CITY OR TOWN)	
22. I hereby certify that I attended the deceased from Male3 1955., to Zwale3, 1955, that I last saw the deceased alive on Zwale3, 1955, and that death occurred at Z. Q. m., from the causes and on the date stated above.	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
alive on			
alive on . 2006, 3, 19.5.6, and that death occurred at 2	22. I hereby certify that I attended the deceased from mal.	1955 to Freal 3 1955 th	at I lest saw the deceased
SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
201601	SIGNATURE (Degree or title)	ADDRESS	the date stated above. DATE SIGNED
Dest Colors of the Consumer Med.	Besil 5 Stouble Ind	Zepheran mal	0.0.0.55
23. BURIAN CREMATION DATE TI GEOF NAME OF CEMETERY OF CREMATORY LOCATION (City, town, or county) (State)	23. BURIAN CREMATION DATE THE GEOF NAME OF CEMETE	RY ON CREMATORY LOCATION (City, t	own or county (State)
Bund July 17 1955 Turong Land as ma	Bunch July 1700 mion	Land	so ma
DATE REC D BY LOCAL (REGISTA R'S SIGNATURE) ADDRESS REG. 1997		PUNERAL DIRECTOR	ADDRESS

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of info-ation cargully. is estacially important. Physicians: ple-write the wayse of death clearly and legibly.

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CERTIFICATE OF DEATH

Reg. Dist. No. 214

			110B. 1	DISG 110: 20: 17:	
1. PLACE OF DEATH:	2. USUAL RESID	ENCE (HOME)	OF DECEASE	D:	
COUNTY Carroll . MARYLAND	STATE Mary	vland	C	OUNTY	
CITY (If outside cornerate limits write PHPAT I PNCTH OF STAV	CITY (If outsi			AL and give nearest	town)
OR and give nearest town) Town Sykesville Town Sykesville y 9 n 23 d	TOWN Ball	timore		Val	angles.
HOSPITAL OR INSTITUTION OR	STREET ADDRESS	haa .	rural give loca	ation)	1
5 STREET ADDRESS Springfield State Hospital		Unch			Ą
3. NAME OF (First) (Middle)	(Last)	4. DATE	(Month)	(DRy) (Year)	•
(Type or Print) Ellzabeth Scha	affer	DEATH:		31 55	11.55
RACE: WIDOWED DIVORCED	OF BIRTH:		Months	R 1 YEAR IF UNDER 2	Min,
F W (Specify): wildowed 1873		82 ?	yrs.	I CIMITELL OF	TATAN A PE
 USUAL OCCUPATION Give kind of work done during most of working life, INDUSTRY: 	t 11. BIRTHPLACE	S (State or foreig	gn country):	12. CITIZEN OF COUNTRY?	WHAT
even if retired): not known Unk-	not know			?	
not known S Was Decrased Ever In U.S.Armed Forces (16, Social Security No.: 17.	not known	DDFSS.			
es. no. or unk.) (If Yes. give war or dates of					
	ospital reco	ras		1	
18. MEDICAL CERTIFICATION. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON			Interval	
420.0 Myocardial infar	add an			Onset And	1 Dear
Immediate cause (a) DUE TO	Crion		*	2 days	* 1*
Antecedent causes (s)	heert diesa			770.0300	
alulan vice to the shows some	i ricario direca			years	
stating the underlying cause last. DUE TO					
i. OTHER SIGNIFICANT CONDITIONSC. B.S. due to senile Conditions contributing to the death but not	brain chan	PAS		2 year	9 =
Conditions contributing to the death but not related to the disease or condition causing death.	ight hip	500			days
Pa. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION				20. AUTO	PSY !
Accompany		***	000000000	Yes N	10 🗆
SUCIDE (Specify) SUICIDE ACCIDENT HOWICIDE ACCIDENT	Springfield		COUNTY)	(STATE)	
HOMICIDE SCEIGERU INJURY WARD TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJUR		DICHT	1/54 -	
White at Mat White	Papient fel		lking		
22. I hereby certify that I attended the deceased from 5 = 29				last saw the dec	eased
whive on 7-30- , 155, and that death occurred at 1					
ACREMATURE (Degree or title) .	AD	nness	and on one d	DATE SIGNED	
caused Custhans W. Spring				7-31-55	
3. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	1).	LOCATION	(City, lown,	or county) (Sta	te)
Bury ma, 1/933 Gondo	24. FUNERAL DIRI	ECTOR C	amore	ADDRESS	
1. 1. 165C 1 2/000 71/11/	Tim Canh O.	15/7	148	019 8-18	Deed.

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PLEASE WHITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct

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6530

CERTIFICATE OF DEATH

teg. Dist. No. 7H

I. PLACE OF DEATH. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE Maryland Montgome	ry
CITY If outside corporate limits, write RURAL and LENGTH OF STA OR STREET TOWN STREET TOWN 28 (in this plane)	Y CITY (If outside corporate limits, write RURAL and give	e nearest town)
HOSPITAL OR CINSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rurai, give location)	1
3. NAME OF (First) (Middle) DECEASED (Type or Print) Annie	SCHLERETH 4. DATE (Month) OF THE OF T	(Day) (Year)) 30 19 55
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDOWED, DIVORCED, (Specifyeinsle		I year If under 24 hrs Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework	II. BIRTHPLACE (State or foreign country) 12	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of year) (Service)	17. INFORMANT AND ADDRESS -Hospital Records	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pyrexia of unknown	n origin	3 .weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	and Serological tests - negative)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Pract	cox, Catatonic type.	28yrs.+
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No IN
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bidg., etc.) HOMICIDE INJURY	c (CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. At work	HOW DID INJURY OCCUR?	a made datal 45 - www.
22. I hereby certify that I attended the deceased fromJuly	11,1955, to.July30,, 19.55, that I last s	aw the deceased
SIGNATURE	1:45 pm., from the causes and on the date st	
23. BURIAL, CREMATIC COMPANY LUS THAUS HEAVE DE CIME DEMOVAL (Specify)	TERY OF CHEMITERY LOCATION (19, town, or count	July 30,55 (y) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. EUDERAL DIRECTOR	ADDRESS



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6531

CERTIFICATE OF DEATH

Reg. Dist. No. 14

1. PLACE OF DE			2. USUAL RESIDENCE	HOME) OF DECEASED.	Va
U g	uroll	MARYLAND	STATE Marylan		
	le corporate ilmits, write RUR			rate limits, write RURAL and gi	ve nearest town)
X TOWN STYLE		In 12 dace)	OR TOWN Baltimor		V3/04
HOSPITAL OR	OR		STREET	(If rural, give location)	1
F STREET ADD	RESS Springfield S		ADDRESS 3025 W1	ndsor Avenue	
3. NAME OF DECEASED	(First)	(Middle)	(2020)	OF G	(Day) (Year)
(Type or Print)	Katherine	Teresa	Schmidt	DEATH -	30 - 1955
5. SEX	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WICOWED	3 - 1 - 76	Months.	. 1 year If under 24 hra Days Hours Min.
Semale	UPATION (Give kind of work		11. BIRTHPLACE (State		2. CITIZEN OF WHAT
done during most	of working life, even if retired)	INDUSTRY 7	Maryland	or rollings country	COUNTRY?
13. FATHER'S N	AME	Minde	14. MOTHER'S MAIDE	NAME	J.U.A.
	nk Myyers		Margaret Scho		
15. WAS DECEASED	EVER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
Unkn	vn) (If year, give war or dates service)	of unkn	Hospital R cor	ds	
					1
I. DISEASES OR	CONDITIONS DIRECTLY	LEADING TO DEATH	BRTHICATION		INTERVAL BETWEEN ONSET AND DEATH
49	· X				13 dava
Immed	late cause (m)	Lobar pneumonia			Tours
Antogo	dent cause(s)				
giving ri	or conditions, if any, (b)				1
stating t	he underlying cause last				
II. OTHER SIGN	HIFICANT CONDITIONS	Chron. Brain Syndr.	assoc.with dist	urb.of metab.grow th psych.react.	th
related to the d	isease or condition causing dea	thor nutrawith sent	ile brain dis.wi	th psych.react.	one year
19a. DATE OF O	PERATION 196. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
	4				Yes No X
21. ACCIDENT SUICIDE HOMICIDE	(Speedy) PLA OF INJ	CE (Home, farm, factory, atreet, office bldg., etc.)	(CITY OR	TOWN) (COUNTY) (STATE)
TIME (Mont	th) (Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY O	CCUR?	
OF	m.	While at Not While Work At work			
			7 .50 7 2	055	
22. I hereby c	ertify that I attended th	e deceased from(r. , 1922 , to(0, 155, that I last	saw the deceased
alive on	7 - 30 - 1955 .,	nd that death occurred at	9:15 pm. from th	e causes and on the date s	tated above.
SIGNATUR		(Degree or title)	ADDRESS	4	DATE SIGNED
W 07.	Jounna	My Spring	gfield State Hos	pital	7-31-55
	EMATION DATE	NAME OF SUMET	LEY OR CREMATORY	LOCATION (City, town, or cour	ify) (State)
Burla	1 0-10.	55 Holy 1	Mainer	Ballimore	. md.
DATE REC'D I	Y LOCAL REGISTRAR'S	SIGNATURE	21. FUNERAL DIRECT		ADDRESS
RECO	1925 10	(nsaid YSIOOA)	Farmed 1.	17 1 . 5 425 344	1.1.1721

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S. C.

MARYLAND

6532

CERTIFICATE OF DEATH

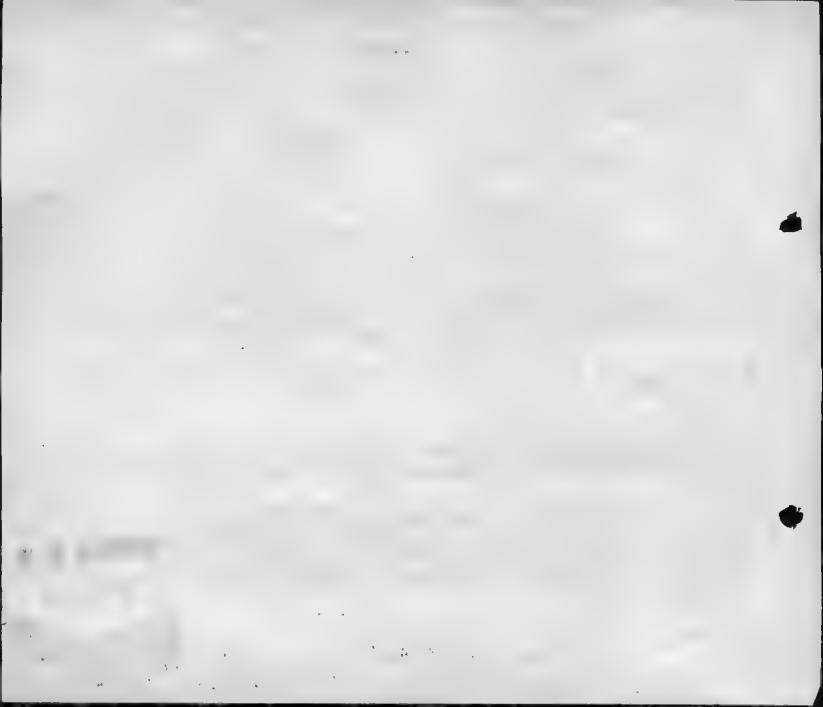
eg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (1	IOME) OF DECEASED.	. ACTTON
COUNTY Carryll MARYLAND	STATE Mary	Mara	TIBUALK
CITY If outside corporate limits, write RURAL and LENGTH OF STAY		ite limits, write RURAL and gi	ve nearest town)
X OR give nearest town) (in this place)	OR TOWN	wille Wio	restand X
HOSPITAL OR	STREET	(If rural, give location)	1
INSTITUTION OR	ADDRESS		-
A NAME OF (First) (Middle)	(Last)	14. DATE (Month)	(Day) (Year)
DECEMBER	SEAL	OF Se. P.	A
(Type or Print) THOM PS		9. AGE jast birthday fl under	1955
6. SEX 6. COLOR OR RACE 7. SINGLE MARRIED WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	74 yrs. Months.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. SIRTHPLACE (State o	r foreigh country)	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) INDUSTRY	Smerdwiffe	Temasses &	merica
13. FATHER'S NAME	14. MOTHER'S, MAIDEN		
the reade Soul	Roth	Cantined.	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT AND	ADDRESS	7 41%
(Yes. no. or unknown) (If year, give war or dates of	6 0 0	(· /) 11 - · ·	will.
	Che Tul	200 200	14
18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		,	ONSET AND DEATH
151X Carden arrest	2	augustia.	Anul 55
Immediate cause (a).	; accesso-1	Consecution)	M
Antecedent cause(s)		74.	0111.
(AA) A Dage of D	Cothonic and T	Consesselente	July 50
Diseases or conditions, if any, (b)	3/40/10/00	January.	9 1
stating the underlying cause last	and the same of th	0.	
II. OTHER SIGNIFICANT CONDITIONS		•	,
Conditions contributing to the death but not			
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
198. DATE OF OPERATION 199. BEAGOT FINDINGS OF OF BRANCO			
	(CITY OR	TOWN) (COUNTY	Yes (STATE
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CIT ON	(0001111	, (o 3.4.
HOMICIDE INJURY	I HOW DID WINDY OF	CHP2	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	HOW DID INJURY OC	CUM	
INJURY m. Work At work			
A	2, 1955, to July	1954, that I last	all with do conserd
22. I hereby certify that I attended the deceased from	- , 19.9.S., to	' Tars a' tontal ast	Sam the decessed
as GOLD to an GO and should be assumed at	2-4 //	causes and on the date s	tater above.
signature	ADDRESS	11	DATEGIGNED
Howa & Amelin	is Hallmore	le Mas	q July Si
23. BURIAL, CREMATION DATE NAME OF COMETE	RY OR CREMATORY	LOCATION City, town, or cour	n'y) (State)
C REMOVAC (Specify)	1 72 8	lotinon 17.0	4
Victo Complete de la constante	24 NUNERAL/BIRECTO	IR-	ADDRESS
DATE REC'D BY LOCAL LREGISTRAIL'S SIGNATURE REG.	11 000 1/1 12	24/10/201	116
Aug. 23, 1953 Cottarry Hele	1111 10-13	a will of	mount

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1	r. Th		6533 CERTIFICATE	OF DEATH Reg. Dist	. No. 74
	E A	Ī	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
States of the	carefully.	ı	COUNTY Carroll MARYLAND	state Maryland county Montg	omerv
		ŀ	COUNTY UNITED MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	and give nearest town
	tion	H	X TOWN Rural - Sykesville since 8/15/53	Town Chevy Chase	
	ati y a	H	HOSPITAL OR	STREET (If rural give location)	CX-66
	of information ith clearly and	4	INSTITUTION OR Springfield State Hospital	ADDRESS 6540 Lenhart Drive	V
)	HE H	1	DECEASED.		Day) (Year)
			(Type or Print) John Peter SHLE	LDS OF July	20 1955
DN	ite		RACE: WIDOWED, DIVORCED,	y 21, 1894 9. AGE last birthday Funder y 21, 1894 61 yrs. Months D	
	r every	۱	work done during most of working life, even if retired): Business manager	New York Ur	CITIZEN OF WHA
Id	pply	T	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
FOR BINDING	Supply te the c	ı	Daniel Shields	Mary Alice -	
	. °E		IS. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	IN se		(Yes, no. or unk.) (If Yes, give war or dates of service) unknown	Records of Springfield State F	Hospital
Ð	NG plea	H	10. MEDICAL CERTIFICATI I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ON	INTERVAL BETWEE
Ā	ADING s: plea	Н	1/200		ONSET AND DEAT
ER	A.1		IMMEDIATE CAUSE (A) Arterioscle:	rotic heart disease	pre than 4;
MARGIN RESERVED	UNF.	ı	ANTECEDENT CAUSE (6)		
	b.,	ı	DISEASES OR CONDITIONS, IF ANY, (B)		
Z	r H		STATING UNDERLYING CAUSE LAST. DUE TO		
RG	-	ı	(c) Old cerebral	thrombosis mo	re than 4 y
₹.	_ = E	Γ	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
eti.	LY	١	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
	AINLY, Wimportant.		194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	PLA ly i	П	and the same		YES NO
I	WRITE P		21A. ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, factor of CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c WHERE DID (City or town) (Count etc. INJURY OCCUR?	(State)
	RI		21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	P> 10	ľ	OF INJURY M. While Not while at work at work		
	O.R.		22. I hereby certify that I attended the deceased from Feb.	72 195/1 to July 20 1955 that I last	now the document
20	10.0				
r D	Δ.	1	alive on July 20, 1955, and that death occurred at		stated above. rE SIGNED
2			Marrin gross,	o. Sykesville, Maryland	7/21/55
<u> </u>	ASE	l	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

6434 CERTIFICATE OF DEATH Reg. Dist. No..... 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY STATE COUNTY Carroll Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in this place) OR TOWN Westminster 10 days TOWN Westminster HOSPITAL OR STREET (If rural, give location) INSTITUTION OR 47 Carroll Street STREET ADDRESS 3. NAME OF (First) (Middie) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF Gertrude Smith (Type or Print) DEATH July 5. 19 55 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIOW 9. AGE last birthday | If under i year | If under 24 hre. Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH Female White Oct. 5. 1877 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired)
HOUSEWORK
13. FATHER'S NAME INDUSTRY COUNTRY! Own home Maryland IA. MOTHER'S MAIDEN NAME David Petry Harriet Young 15. WAS DECRASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) Stewart Smith, Westminster, Maryland no 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 420, Soulle Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 191. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes | No [21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE INJURY INJURY OCCURRED TIME (Month) HOW DID INJURY OCCUR? (Hour) While at Not While INJURY Work П At work | 19.34. to Luly 5, 19.55, that I last saw the deceased 22. I hereby certify that I attended the deceased from delad and that death occurred at 7:00 A.m., from the causes and on the date stated above. alive on SIGNATURA: (Degree of title) DATE SIGNED 6-1954 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY (City, town, or sounty) (State) L (Specify) Meadow Branch Cemetery Westminster, Maryland 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL ADDRESS C.O.Fuss & Son. Taneytown, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

6534

2411 N. Charles Street, Baltimere

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACEFOR DEATH-COUNTY 2. USUAL RESIDENCE (HOME) OF DECEASED. STATE COUNTY MARYLAND CITY (II outside corporate lights, write RURAL and OR give mearest towns) LENGTH OF STAY CITY III putsifie corporate limits, write RURAL and give nearest town) (in this place) OR TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rursh give location) ADDRESS 3. NAME OF (First) (Middle) (Last) DATE (Month) (Day) (Year) DECEASED OF 6. COLOR OR RACE (Type or Print) DEATH 7. SINGLE, MARRIED. 9. AGE last hirthday 8. DATE OF BIRTH If under I year Ilf under 24 hrs. WIDOWED, DIVORCED, Months | Days | Hours | Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS, OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done-during most of working life, even if retired) INDUSTRY COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) / INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH 420. Immediate cause Antecedent cause(s) Diseases or conditions, if any. giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 🔲 21. ACCIDENT SUICIDE (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR! While at Not While INJURY Work 1955 to 1955, that I last saw the deceased 22. I hereby certify that I attended the deceased from June alive on they 20 1980 , and that death occurred at O .m., from the causes and on the date stated above. SIGNATURE (Degree or title), DATE SIGNED Trues 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (Specify) DATE REC'D BY LOCAL SIGNATURE FUNERAL DIRECTOR ADDRESS

death clearly and legibly. every item Pd Suppl INK. PLAINLY, WITH UNFADING s especially important. Physicians:

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22. I hereby certify that I attended the deceased from No V

and that death occurred at

(Degree or title)

1953, that I last saw the deceased

Afrom the causes and on the date stated above.

LOCATION (City, town, or county)



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(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) OF INJURY 92 90 22. I hereby certify that I attended the deceased from alive on SIGNATURE BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY ATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) DATE REC'D BY LOCAL STRAR

2



CERTIFICATE OF DEATH

6538	CERTIFICAT	E OF DEAT	H Reg. Dist. 1	No
I. PLACE OF DEATH COUNTY	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED.	The state of
CITY (If outside corporate limits, write RUR OR give nearest town)		TOWN Finhabarg	·	rive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	ARIL	STREET ADDRESS Gamber	(If rural, give location)	/
3. NAME OF (First) DECEASED (Type or Print)	Noltana	(Last)	4. DATE (Month) OF DEATH	(Day) (Year)
6. COLOR OR PACE	7. SINGLE; MARRIED, WIDOWED, DIVORCED, (Specify)	\$ 16 1950	ym. ۲ پرتان	s. Days Hours Min
10a. ISUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	IL BIRTHPLACE (State or	e-condona-	COUNTRY OF WHAT
13. FATHER'S NAME - unknown	Secret Accuracy Me	14. MOTHER'S MAIDEN unknow	m	
16. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or'unknown) (If year, give war or dates, service) (1, 7]	of No 1	17. INFORMANT AND	Addition of the second	1
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	BTIFICATION	,	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Antecedent cause(s)	. 4	e et a se		6.4
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last				
ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rejated to the disease or condition causing dea			•	
19a. DATE OF OPERATION 19b. MAJOR				20. AUTOPSY?
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJ	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TO	OWN) (COUNTY	Yes No C
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURTED While at Not While Work Atwork	HOW DID INJURY OCC	UR7	All-who
22. I hereby certify that I attended th	ne deceased from	., 19 to s		saw the deceased
alive on 1955, an SIGNATURE	nd that death ocurred at	ADDRESS	causes and on the date s	stated above. DATE SIGNED
23. BURIAL, CRUMATION DATE REMOVAL (Specily) 7/13/55	Lor raine E	lark Com	ocation (City, town, or county, Calawis, Md.	
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24 FUNERAL DIRECTOR	cloner V Sous-	ratus ma



VS. A15A - 5 - 53

6539 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

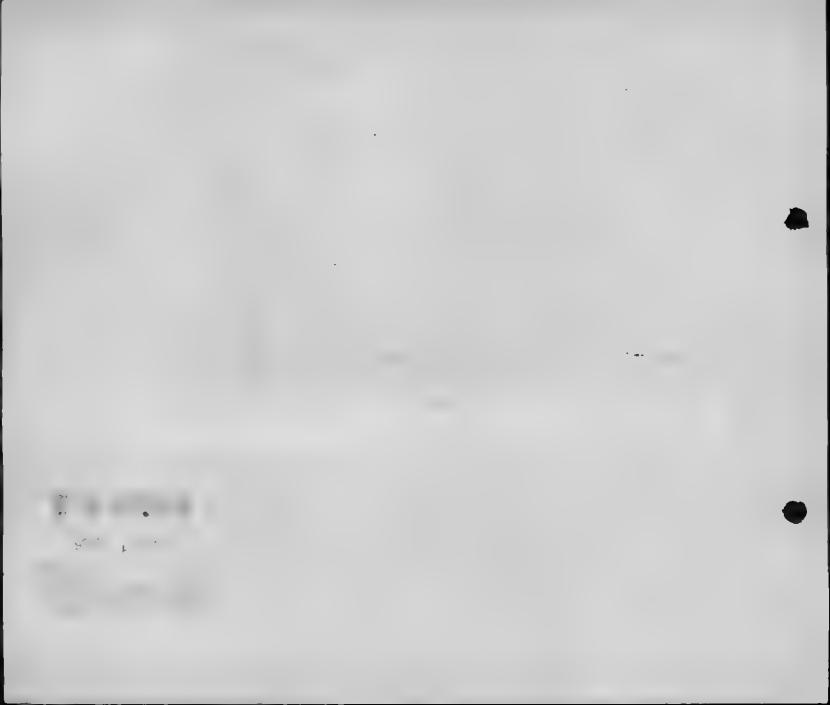
06544

Reg. Dist.

No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Maryland COUNTY Montg	omery
CITY (If outside corporate limits, write RURAL OR and give nearest town) YOUN Rural - Sykesyfille CITY (If outside corporate limits, write RURAL (in this place) Young and give nearest town) Young and give nearest town)	CITY (If outside corporate limits write RURAL and OR TOWN Chevy Chase	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET (If rural, give location) ADDRESS 4826 Leland Street	1
3. NAME OF (First) (Middle) DECEASED:	(Lust) 4. DATE (Month) (Day	-4.4
(Type or Print) William Edward	WEIGEL DEATH 7 29	1.6.
Male : Widowed, Divorced, (Specify): Widowed 6/	9. AGE last birthday: IF UNDER 1 vis. Montha Da	
10s. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Income tax confrere Treasury	II. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	Dept. Chio	USA
ALBERT George Weigel	BARBADA -	
	17. INFORMANT & ADDRESS:	
	Record, Springfield State Hospita	1
18. MEDIC.	AL CERTIFICATION	INTERVAL BETWEEN
i. Diseases or conditions directly leading to death:		ONSET AND DEATH
Immediate cause (a)Subdural and intrace	rebral hemorrhage	12 days
Antecedent cause(s) Diseases or conditions if any. (b)arteriosclerosis .		770070
Diseases or conditions, if any, (b) el college of the above cause DUE TO		years
stating underlying cause last (c) Bronchopneumonia		days
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chronic b. TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH	rain syndrome associated with	8 years
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	TIL GENORGE WITH POYET VOICE TERMIN	20. AUTOPSY 7 Yes No
21a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING OF Street, office bldg., etc. 1NJURY	, 21c. (City or town) (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED While at Not while INJURY M. work at work	211. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	ped above, held an Autopsy [], Inspection []	, Inquiry [], and
find that death resulted from: Natural causes [], Accid		
SIGNATURE CONTRACTOR C	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or ec	
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE	Cremelory Prince thorgo Co.	ADDRESS
J. REG. 29 1955 R. Harry Talley	Robert a Kumphrey B	thes de Mi
July a / / / / Le x tax conj care co	7	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6540 CERTIF

CERTIFICATE OF DEATH

E, 18 06545 Reg. Dist. No. 244

	keg. Dist	b. 140 f. f. f
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Carroll MARYLAND	STATE Washington cour	NTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) X TOWNRURAL - Sykesville 6 days	CITY (If outside corporate limits, write RURAL a OR TOWN Hagerstown	and give nearest town)
	STREET (If rural give location	
STREET ADDRESS Springfield State Hospital	20 S. Cannon Avenue	<u>√</u>
3. NAME OF (First) (Middle) DECEASED: (Type or Print) MYRTLE VIOLA	WILLIAMS 4. DATE (Month) (Da DEATH: 7	y) (Year) 6 19 55
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER I 5/84 70 yrs. Months D	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired Housewile	R II. BIRTHPLACE (State or foreign country): 12. Maryland	CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Otha Mongan	Mary Moats	
(Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS: Record, Springfield State Hospita	al
18. MEDICAL CERTIFICATI	ION	Interval Between
In diseases or conditions directly Leading to Death 420.0 Immediate cause (a)	ysnemon a	Solays
Antecedent causes (s) Diseases or conditions, if any, (b) After out	lervic heart siseas	4 guess
stating the underlying cause last. DUE TO (c) SIMULA	rfinoschosis	Yers
II. OTHER SIGNIFICANT CONDITIONS Chronic brain s Conditions contributing to the death but not related to the disease or condition causing death.arterioscleros	syndrome associated with cerebral	2 years?
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No C
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF While at Not While INJURY M. At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7 - /	,1955, to 7-6, 19.55, that I last	saw the deceased
alive on 7-5, 19.5, and that death occurred at 3		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL. (Specify) 2-9-55 Manne	RY OR DEMANDED LOCATION (City, 1976, or c	ounty) (State)
OREGISTRAR 9.5.5 P. ARKEN TILLER	24. FUNERAL DIRECTOR	ADDRESS

VS. A15

SSET IT JULY

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Rea	Dist.	No	7	

Item 9, FilmG185 8-26-55 e $t^{\mathbf{C}}$	ERTIFICATE	OF I	DEATH	Reg.	Dist. No. 2/
I. PLACE OF DEATH:		2. USUAL R	ESIDENCE) (HO	ME) OF DECEAS	ED:
COUNTY Carroll	MARYLAND	State	ugan	The second secon	COUNTRAL
CITY (If outside corporate limits, write RUI OF and give nearest town)	RAL LENGTH OF STAY	CITY (II OR TOWN	Pull corpora	te limits, Arite RU	RAL and give nearest town
HOSPITAL OR INSTITUTION OB STREET ADDRESS		STREET	1	(If rurs) give lo	cation)
3. NAME OF (First)	(Middle)	(Last)	4. DAT	E (Month)	(Day) (Year)
(Type or Print) = W 0 0 SA 5. SEX: S. COLOR OR 7. SINGLE, 1	DIVORCED.	DE BIRTH:	DEA	the second secon	DER I YEAR IF UNDER 24 HRS. hs Days Hours Min.
	KIND OF BUSINESS OR INDUSTRY:	M. BIRTHE	LACE (State of	foreign country):	12. CITIZEN OF WHAT
A FATHER'S NAME:	Shi	14. MOTHER'S	S MAIDEN NAM	le: Ler	
16 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. Yes, no. or unk.) (If Yes/give war or dates of accuse)?	300TAL SECURITY NO.: 17.	tule	& ADDRESS:	offer le	wortown Ma
18.	MEDICAL CERTIFICATIO)N	0	10	Interval Betwee
1. Diseases or conditions directly LE	100 mms	700 8	Onel	40101	Onset And Deat
Immediate cause (a)		11		1-1 -	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	mulle	ph (1	ith	uto	years
(e)					
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat 	· la				
19a. DATE OF OPERATION: 19b. MAJOR FIN					20. AUTOPSY
					Yes No
21. ACCIDENT (Specify) PLACE (I OF OF INJURY)	Home, farm, factory, street, ffice bldg., etc.)	(CITY OR	R TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) IN. OF	JURY OCCURED hile at Not While ork At Work	HOW DID I	NJURY OCCUR	7	
22. I hereby certify that I attended the de		19. 5/, to	July 23	. 1955 , that I	last saw the deceased
alive on	death occurred at		1 1		date stated above.
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (Specify)	NAME OF CEMETER	Y OR CHEMA	TORY LOCALUM	TION (City, town	7-23-05 (Gr county) (State)
DATE REC'D BY LOCAL REGISTRAR'S STORESTRAR'S	the Englar	4. FUNERAL	1	in A.S.	ADDRESS
	0	Zuw	leving	love,	rad.

VS. A15

MARGIN RESERVED FOR BINDING

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BUREAU V. S.